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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12859 **CERTIFICATE OF DEATH**

12794 Reg. Dist. No

1. PLACE OF DEATH o. COUNTY PRINCE	GEORGES	MARYLAND	2. USUAL RESID	ARYLAND		b. COUNTY	PRINCE	GE(e odmissi ORGE	ion) S
b. CITY OR TOWN (If outside corporo RURAL and give nearest town) CHILLUM	te limits, write c	LENGTH OF STAY IN 16		OWN (If outside HILLUM	e corporote	limits, write R	URAL and g	ive neo	rest town)
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION LEGAT	CION ROAD	dress)	/ d STREET AI	DORESS LEGATI	ON ROA	AD		•		IDENCE FARM? NO
3. NAME OF DECEASED	First	Middle ILLIAM ALEXAN	lost		DATE OF DEATH	NOV.	th	Day 25		reor 19 58
5. SEX 6. COLOR OR WHITE		DIVORCED DIVORCED	8. DATE OF BIRTH		9. A	GE (In years ost birthdoy) 71 yrs.	Months	Doys	Hours	R 24 HPS. Min.
100. USUAL OCCUPATION (Give kind of during most of working life, even if r MILL man (retired) 13. FATHER'S NAME	etired)	nd of Business or Indung & Lumber (I4. MOTHER'S	INGTON,	D.C.	у)		S.A		COUNTRY
JOHN S. ALEXANDER 15. WAS DECEASED EVER IN U. S. ARMEI (Yes, no or unknown) (If yes, give wor or do NO	ates of service)		MATILIAN MAT	DA HILL Darr, 1		Addi		Chi	llum	, Md,
Conditions, if ony, which		yperteuse teris-scli	on ratee I	east a	lice	et Clu	africal	*	741	en s)
PART II. OTHER SIGNIFICANT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF D (If EITHER, NOTIFY MEDICAL EXAM)	20b. DESCRI	NTRIBUTING TO DEATH BUT					ÉN IN PART	1(0) 19	PERFOR	NO P
7		_ Not while fo	ACE OF INJURY FI- ctory, street, office	lome, form, 20 bldg., etc.)	of. (City or t	own)	(C	ounty)		(Stole)
21. I certify that I attended alive an	the deceased	S, and that death	n accurred at (, fram th	e causes of city or lown.	ind an th		e state	
220. BURIAL, CREMATION, 22b. DATE TO REMOVAL (Specify) BURIAL 11/29/		CEDAR HILL CE				(City, town, o		MD.	(Stote)
23 FUNERAL DIRECTOR'S SIGNATURE WARNER E PUMPHLEY	, ING,	SILVER SPRI	NG, MD.	24a. REC'D BY			TRAR'S SIG			

TO FUNERAL DIRECTOR

the registrar prior to

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		A COLUMN			
eren, erener, o	ner, I o'd here		THE STATE OF THE S		
14.87%					

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12808

	1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where electrosed liyed. If Institution, Residence before admission)				
		YLAND	o. STATE WARMEN b. COUNTY & Seo-				
	b. CITY OR TOWN (If outside corporate limit, write RURAL) c. LENGTH OF STAY	/ IN 16	c. CITY OR TOWN (If publide corporate limits, write RURAL and give nearest town)				
	Cheverly Ideny	2.	15 In attende				
	MAME OF HOSPITAL OR INSTRIUTION (If not in hospital, give street address	955)	d. STREET ADDRESS 4. STREET ADDRESS ON A FARM?				
	Krince Sinces Sin. Hos	0	7510- Janthorne ST YES NO NO				
F	3. NAME OF DECEASED First Middle	^	Last 4. DATE Month Day Year				
	(Type or print) Through I ranks	m	alvey DEATH 11- 9- 1955				
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	ED B.	a lost highland				
	Male White WIDOWED DIVORCED		30-1912 46 yrs. Months Days Hours Min.				
7	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF during most of working life, even if retired)	INDUST	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
1	Carnter General		YVlansland.				
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
/	Taward T. Cilvey		Kose C. Hamesch				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO [Yes. no. or unknown] [If yes, give wor or dates of service)	17. IN	FORMANT Address				
	VID WIN-2 217-07-8901	611/h	ple Chry same address as # 2				
	TB. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c),	- 6	INTERVAL BETWEEN ONSET AND DEATH				
		3000	uspien + merosis.				
1	900.6 DUE TO 0 1 1						
	Conditions, if any, which) (b) Subdied and endered hereather						
	gove rise to immediate cause (a), stating the underlying DUE TO	- 0	1.00				
	couse lost. (c) salling c	7/6	Mult				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
			YES X NO				
	≥ PRIMARY Zhor CONTRIBUTING	JRRED. (En	ter nature of injury in Port/1 of Port II of item 18.)				
	LUW ON I	MAO	(consider fall offern slavis.				
0	Hour While Not while	factor	E OF INJURY (Home, form, 12th, (Tity or town) (County), (Stote) ry, preet, office bldg., etc.)				
		1XC	hool madhing to In Se- my				
	21. I certify that I taak charge of the remains describe						
	death resulted fram: Natural causes , Accident	, Suic	ide [], Homicide [], Undetermined cause [].				
	ACTUAL ON THE COMME		DATE SIGNED				
5	SIGNATURE TO MINISTER SIGNATURE	1	M.D. CHIEF MEDICAL EXAMINER				
6	EXAMINER'S	Ad	ASSISTANT MEDICAL EXAMINER				
	NAME (Type) = OTN - MALONEX	110	DEPUTY MEDICAL EXAMINER S. //-/0				
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET	2.7	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				
	Purial Nov 12, 1958 Arlington 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Nat					
			240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE				
	F. Gasch's Sons Hyattsville, M	d.	DATE NOV 1 4 '58 Certhur & traces				

			12011	
		POSTAL CONTRACTOR	TO SECURE	

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12809

CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest flown) Captiol Hgts	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Capital Heights,
d. NAME OF HOSPITAL (If not in hospital, give street address) 58015140169t.	d. STREET ADDRESS 5801 F St. e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) Frank Middle	Antonio 4. Date Month Doy Yeor OF DEATH Nov. 24 1958
5. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 27- Aug. 1891 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) had hat concession at Statler Hotelin	U. S. A.
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT Address ary Antonio 5801 F St. Cap. Hgts . Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 White Not white for work of work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
PHYSICIAN'S HARRY 77. CARLTON 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 26 Nov. 158 Mt. Olive	(51016)
Lee Funeral Home & Mass at	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

HITS LINE STATE OF DEATH AND STATE OF THE ST	
A PART OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF TH	

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necessary, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessal execute the certificate, writing the ward "pending" in pendi in Item. 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yet TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated againt, priar to burial, crematian, or removal, and in any event within 72 hours ofter death.

VS. ATSME

5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	1	.2810	Item	9 FilmG237	1-7-	59 et	01	PEAIII	Reg. D	ist, No		
	PLACE OF DEATH o. COUNTY PT	ince Georg	ge 's	MARYLAN		STATE Maryl			viion: Reside			
	b. CITY OR TOWN (II and give negrest fown Riverdal		RURAL	transient	5	CITY OR TOWN (I	f outside cor	porote timits, write	RURAL one	give n	eorest to	own)
			If not in hos	pital, give street address)	d	. STREET ADDRESS						RESIDENCE
E	altimore &	& Ohio R.R.	Track	cs	/	4804 T	ucker	man St				A FARM?
	NAME OF DECEASED (Type or print)	ELIZABI		ROSE BALI	NOVI	C	4. DATE OF DEATH	Nove		21,		Yeor 19 58-
5.	SEX		7. MARRIE	DE NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years	-	1YEAR	IF UND	ER 24 HRS
	female	white	WIDOWED	DIVORCED [Ja	in 7, 190	7	3251 yrs.	Months	Days	Hours	Min.
100	o. USUAL OCCUPATION of working	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS OR INDU	USTRY 11	BIRTHPLACE (Stote	or foreign	country)	1		F WHAT	COUNTRY
_		lousewife	01	vn home		Pennsylv	ania		U	S	A	
13.	FATHER'S NAME				14. /	AOTHER'S MAIDEN	NAME					
		Andrew				Pet	Mar	y Budner				
	. WAS DECEASED EV	ER IN U. S. ARMED FO (If yes, give wor or dotes of		SOCIAL SECURITY NO. 17	. INFORA	AANT		Address				
		no	5	78/83199 P	eter	Balinov	ic	Riverda	le, M	d.		
	Conditions, if o gove rise to imme (a), stoling the couse lost.	iny, which (b)		rauma, multi	ple	and seve	re					
CERTIFICATION	PART II. OTI			NTRIBUTING TO DEATH BU					VEN IN PAR			AUTOPSY DRMED? NO
	PRIMARY TO OF COL	USE WAS NTRIBUTING []	e .	now injury occurred			rt I or Part II	l of item 18.)				
MEDICAL	20c. TIME OF INJU			NJURY OCCURRED 20e. P	LACE OF	INJURY (Home, form	n, 20f. (Cit	y or fown)	(Cot	nty)		(State)
WED	8.19 KX	11/21/58,9	While of wo	Not while		eet, office bldg., etc racks		verdale	Pr.	Ge	ő.	Md.
	21. I certify th	hot I took charge	of the r	emains described of				nspection X		-		d in my
				auses [], Accident	-			, Undete		. —		
	ACTUAL SIGNATURE	ahn J.	Ma	loney	M.D		41 1 1 - 5				DATE	SIGNED
	EXAMINER'S NAME (Type)	Dr. John	r. Mal	loney		ASSISTANT MEDICAL			ember	22,	195	8
120	REMOVAL (Specify)	11-24	-58	32c. NAME OF CEMETRY OF	OR CREM	metery	Con LOCA	TION (City, town,	or county)	W	WSION.	e)
23.	FUNERAL DIRECTOR	a Sons H	yatti	ADDRESS	nd		OV 2 6		STRAR'S SIC		EA	

AT 29CM TARESTERN SO DEMENDED Jr. 1-570 Siosa . . Cincinas c PHOTO STATE A TOTAL AND DESCRIPTION OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRES 17 to seven our > h Is lust more afron with the room . I. . The second of th X The second second second 11. 1. 1 - 0 -

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 12860

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY PR. CFEO. MARYLAND	STATE MID. COUNTY MR. GEO.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR	STREET (If rurel give locetlon)
INSTITUTION OR STREET ADDRESS SERVICE LANE	- ADDRESS SERVICE LANE
3. NAME OF DECEASED (First) (Middle) (Middle) (Type or Print) MARV. FITA AFT.	(Last) 4. DATE (Month) (Dey) (Yeer) OF DEATH // 19 58
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE WIDOWED, DIVORCED, (Specify) SINGLE 2-20	
	11. BIRTHPLACE (Step or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) NONE	NASHINGION. D.C.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	LLIZABEIA SPRIGGS
(res, no, or unk.) (If Yas, give war or dates of sarvica)	J. H. SAMAN & ABERES
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
201X IMMEDIATE CAUSE (A) Itt-dgfsin	n's Preare 2 years
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OLD TO (C)	
TY OTHER SIGNISICANT CONDITIONS CONTRIBUTING	de Heart Failure Two dage
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, farm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., atc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21s, INJURY OCCURRED Vihile Not witile at work at work	211. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 200-1	1958, to Nov-1 1958, that I last saw the deceased
alive on Mer 1 , 19 5 8 , and that death occurred at.	1.1
SIGNATURE C. MESSCOTT NO	ADDRESS (Street, city, town, stete) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATIONY LOCATION (City, town, or county) (Stete)
Burial 11/5/58 St. Mary's C	emetery Upper Marlboro, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE NOV 5 '58 arithur S. France	Mul 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

1 1337 3(14) HEARD TO STADISTING MESSEL

VS A15 (4) 15M 10/57

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after death. Page 4	the fig. of director,	shoul se filed with	
icate be executed within 24 hours after death. Page 4	sicion and campletely filled in by the fif	bon papers. Pages 1 and 2	Irs ofter death.
cate b	sicion	ve cor	rs oft

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12811

12801 Reg. Dist. No.

CERTIFICATE OF DEATH

	PLACE OF DEATH		2. USUAL RESIDENCE (WE	nere deceased lived.	f institution: Residence be	efore admission)	
	Prince Georges	MARYLAND	b. COUNTY				
	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits	Prince Georg	rearest town)	
	Cheverly	2 hr. 25 min.	Ibeatter: 11.	16			
	d. NAME OF HOSPITAL (If not in hospital, give street of NAME OF HOSPITAL)	oddress)	d. STREET ADDRESS	/		e. IS RESIDENCE ON A FARM?	
		ospital	3805 Powhat	an Road		YES NO G	
	NAME OF First DECEASED Type or print)	Middle	lost	4. DATE OF DEATH		Day Year	
5.	EX 14 COLOR OR BACE 17		Beall		November 2	1958	
	6. COLOR OR RACE 7. MARRI		8. DATE OF BIRTH 2-6-07		In years IF UNDER 1 TEA	AR IF UNDER 24 HRS. Hours Min.	
	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (State	or foreign country)		QF WHAT COUNTRY	
1	during most of working life, even if retired)	etch Co.	Par	or roverge country)	72.	S 1	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	Α.		
3	rank hr. lockrell		Frances	P. mc.	Danald		
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. J7. IN	B. P Learner	eall	Address	# 2	
		PC	6-11 RACh)	void-4	La la 11 c	0	
	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED 8Y:	e for (o), (b), and (c).]		. 0 11	D ON	TERVAL BETWEEN	
	23 04 IMMEDIATE CAUSE (o)	unte dell	Mode	esix He	eserciting &		
	DUE TO				/		
	Conditions, if ony, which) (b)						
	couse (a), stoting the under-						
	lying couse lost.						
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAI DISEASE CONDIT	IONI GIVENI INI PART 1(-)	10 WAS ALITORSY	
CATION			TO THE TEXT	NAC DISEASE CONDIT	IOIA GIAEM IIA LYKI 1(0)	PERFORMED?	
CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RISE HOW INJURY OCCURRED). (Enter noture of injury in F	ort I or Part II of item	18.)		
SAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, form	206 (City on town)			
MEDICAL	Hour o. m. While of work	Not white foci	lory, street, office bldg., etc.)	(County	(Stote)	
`			10.10 . 11	1	10/		
	21. I certify that I attended the decease		, 19_38_, ta_[]		19,that I last		
	alive an 19	12, and that death	occurred at3 +1+5			ate stated above	
	100 to 1 -1		11	ADDRESS (Street, city of	or town, stote)	DATE SIGNED	
	ACTUAL SIGNATURE	<u> </u>	A.D	thel	Le, la	11-216	
	PHYSICIAN'S)	7		7-7-7-7	
	NAME (Type) Dr. Aaron Deitz	0					
220	BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (Çity	. lown. or county)	(Stob)	
K	PREMOVAL (Specify) 11-6-58	Is . Lucal	Cometern	Colmon W	Vancos	(Stop)	
23.	UNERAL DIRECTOR'S SIGNATURE	APPRESS DA	1 A 240. RBC'E	BY REGISTRAR 24	b. REGISTRAR'S SIGNATI	URE	
F.	Dascha Sono Mi	varioulle.	mal DATE	10V 6 '58	Carinus & of	4	

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 10 FUNERAL DIREC. The Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Dith, or its designated ag Mt, prior to burial, crematian, at removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57 16

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12795 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12802

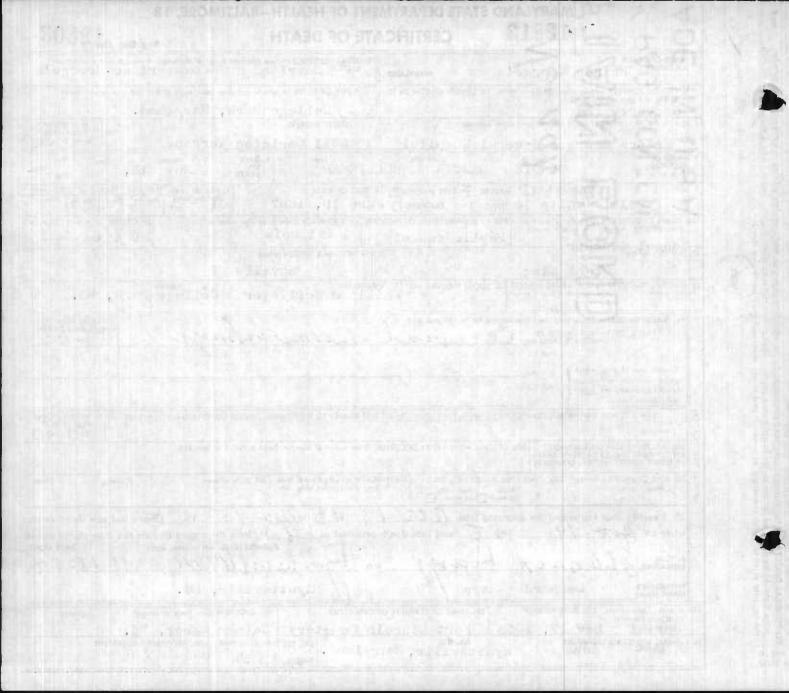
1. PLACE OF DE	1. PLACE OF DEATH					Where decease	ed lived. If instit		dence bet	fore adm	ission)
0. COONT	Prince Georg	es	MARYLA	MD	o. STATE Mary	land	b. COUN1	Pr.	Ge	0.	
b. CITY OR To	OWN (If outside corporate limits, wri	ite RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I	f outside corp	orote limits, write	RURAL OF	nd give n	eorest to	wn)
	Hyattsville		8 years		15 Hyat	tsvill	e				
d. NAME OF	HOSPITAL OR INSTITUTION	(If not in h	nospital, give street address)		d. STREET ADDRESS			1			ESIDENCE
	38th Avenue				5011	38th	Avenue				A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mont	h	Doy	,	rear .
(Type or prin	200280			iela		DEATH	Nov.	21,		1	9 58
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	3. D	ATE OF BIRTH		9. AGE (In years lost birthday)	Months			ER 24 H#S.
Male	white	WIDOW	VED DIVORCED		12-19-09		48 yrs.	Monins	Days	Hours	Min.
10o. USUAL OC	CUPATION (Give kind of work f working life, even if retired)	done 10b	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	or foreign co	ountry)	12. CI	FIZEN O	WHAT	COUNTRY?
Mechan			Automobile		New York			1	JSA		
13. FATHER'S N	AME			1.	4. MOTHER'S MAIDEN	NAME					
Geor	rge Bielonis				Mary	Gwasdi	tis				
15. WAS DECEA	SED EVER IN U. S. ARMED FO		6. SOCIAL SECURITY NO.	17. INFO	DRMANT		Address				
Yes, no. or uninow.	(If yes, give war or dates a	T service)	188-09-1381	Mar	y Bielonis;	Samo	address	25 #	2.		
	OF DEATH [Enter only one co	use per lir			y Dictionize,	Deane	aud coo	as m		EVAL BETW	FEN
	I. DEATH WAS CAUSED BY:	٨	sphyxia							T AND DE	
89	IMMEDIATE CAUSE ("	robit.								
01	DUE TO		Carbon monoxid	10 4	oisenine						
	i, if any, which) (b))	oar boll molloxic	re h	OTPOUTTING						
(o), stating	the underlying DUE TO)									
couse lost	, ,										
PART PART	II. OTHER SIGNIFICANT CON	ADITIONS	CONTRIBUTING TO DEATH E	ON TUE	RELATED TO THE TERM	IINAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
3										YES []	NO
200. EXTERN PRIMARY D	IAL CAUSE WAS Bor CONTRIBUTING DEATH.	Ob. DESCR	RIBE HOW INJURY OCCURRE	D. (Ente	r nature of injury in Par	rt f or Part II o	of item 18.)				
	DEATH.		yxia due to i					mobil	le.		
20c. TIME O			I. INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form, street, affice bldg., etc.	n, 20f. (City	or town)	(Ce	ounty)		(State)
WED Hour	o. m. 11- 21- 19		work ot work	Iome	(garage)		ttsville	Pr	Ge	20-	Md.
21. I cer	tify that I took charg	e of the	remains described	abave							d in my
	deoth resulted fram:			-				ermined		_	
- Dillion	1		/)		, John Jan		L, Olidele	, mineu	manne	- 44	
ACTUAL	John >	PAT	allongers		CHIEF MEDICAL E	XAMINER [7]				DATE	SIGNED
SIGNATUR	frims		The state of	^	ASSISTANT MEDICAL						
EXAMINER NAME (Typ		loney	, M.D.		DEPUTY MEDICAL			ember	22.	19	58
220. BURIAL, CR	EMATION, 226. DATE THERE	OF	22c. NAME OF CEMETERY	OR SER	ENHANCEY	22d. LOCAT	ION (City, town,			(Stot	
Buri	- Nove 25	1958	Arlington	Nat	ional	Arli	ngton V	a.			
23. FUNERAL DI	RECTOR'S SIGNATURE		ADDRESS			D BY REGISTR	AR 24b. REGI	STRAR'S SI		-	
F. G.	asch's Sons	Hyat	tsville Md.		DANO)	12 6 '58	ant	hun S.	Krous		
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	roul send los		of Sto Sico		10
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CSS ANDRESO					

	MARYLAND	STATE DEPARTME	NT OF HEALTH	-BALTIMORE,	18
	12812	CERTIFICA	TE OF DEATH		R
OF DEATH					_

CERTIFICATE OF DEATH

	keg, Dist. Ner-
1, PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly Md	/4 College Park, Maryland.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	6911 Carleton Terrace YES NO R
3. NAME OF DECEASED (Type or print) GLADYS GARCIA BOL	LINGER OF Nov 15, Day Yeor DEATH NOV 15, 19 58-
	B. DATE OF BIRTH 9. AGE (In years of Funder 1 YEAR of UNDER 24 HRS. 61 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	T1122-
School teacher Public school	O D A
	14. MOTHER'S MAIDEN NAME Savilla ?
Frank King	747224
	lip H Bollinger College Park, Md.
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)	haemvirhage ONSELAND BEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Not while of work of twork of two the control of work of two	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
ACTUAL SELECT A HEAD	2, 1928, to 15, 19 That I last saw the decease occurred of Q. M., from the causes and on the date stoted above ADDRESS (Siret, city or town, stote) DATE SIGNE Hyattsville, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
Burial hov 17, 1958 Fort Lincol	n Cemetery Colmar Manor, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hyattsville, Man	ryland. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthor S. Thomas



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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12804

Duthy S. Krans

	14019					Reg. Dist. No	•
	o. COUNTY	Giereses	MARYLAND 2.	O. STATE	here deceased lived. If ins		ore admission)
	o. CITY OR TOWN (If outside corporate) imit and give nearest town)		OF STAY IN 16	c. CITY OR TOWN (IF	outige corporate limits we	rile RURAL and give no	earest town)
	HAME OF HOSPITAL OP HISTITUTE	ON (If not in hospital, give stre	et address)	. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First	Aibdle Bri	Post	4. DATE MO OF DEATH 1/-	onth Day	Yeor 1958
5.	emale Color	RACE MARRIED NEVER	MARRIED 8. DA	-1-18	9. AGE (In years last birthday) 40 y	IF UNDER 1YEAR Months Days	Hours Min.
	a. USUAL OCCUPATION (Give kind of during move of working life, even in ret	work done 10b. KIND OF BUSH	VESS OR INDUSTRY	11. BIRTHPLACE (SION O	Imal	12. CITIZEN OF	WHAT COUNTRY?
	Otho Paul 1	Mules		Mother's Maidely of	. 14/	ighon	,
	WAS DECEASED EVER IN U. S. ARME		RITY NO. 17. INFO	mant Whee	ler; Glen	ludes	n, mos
	PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY:	nonhas	u + she	reli		VAL BETWEEN Y AND DEATH
	Conditions, if ony, which gove rise to immediate cause	(b) Seven	inel of	thorac	ic anta		
	(a), staling the underlying DU couse last.	(c)	0				
ICATION		CONDITIONS CONTRIBUTING				11	PERFORMED?
L CERTIF	200. EXTERNAL CAUSE WAS PRIMARY For CONTRIBUTING CAUSE OF DEATH.	Or Experise	of a pan	14d anto	- struck by	another	antom
MEDICAL	4-04 a.m. 11-8	y, Yeor 20d. MJURY OCCU White Not will of work of wor	hile toclory,	of INJURY (Home, form, street, office bldg., etc.)	201. Sily or toyn)	- Pr. Seo	- Mal
	21. I certify that I took ch apinion death resulted from		Accident ,		F	Inquiry X,	and in my
	ACTUAL SIGNATURE	Alany	М.	D. CHIEF MEDICAL EXA	AMINER [DATE SIGNED
	EXAMINER TO AN T	- MALONE		ASSISTANT MEDICAL E	XAMINER B //-	7-58	
	REMOVAL (Specify) 22b. DATE TI	2-58 Hal	CEMETERY OR CRE	uty	200 LOGATION (City, 10W	one /	(Slote)
23. X	FUNERAL DIRECTOR'S SIGNATURE /	entres 467	Not	MIX		GISTRAR'S SIGNATUR	E

TEST B MEDICAL EXAMINER'S CIRTIFICATE OF DEATH

STATE HOS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death: Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTO THATE this certificate has been signed by the attending physician and campletely filled in by the ful page 3 shauld be defended for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

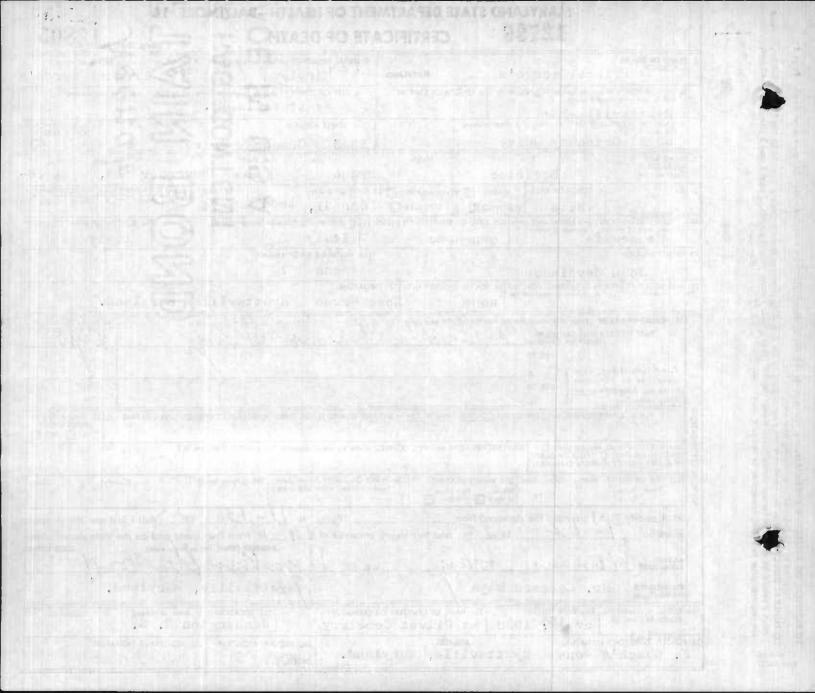
VS A15 (4) 1SM 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12796

CERTIFICATE OF DEATH

1	1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 Hyattsville Md.
)	Hyattsville Md d. NAME Of HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5323 Greenway Drive	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOW
	3. NAME OF First Middle DECEASED (Type or print) Beatrice	Bruno 4. DATE Month Doy Year OF DEATH November 13, 19 58-
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH Jan 31, 1884 9. AGE (In years IF UNDER 1 YEAR F UNDER 24 HRS. Months Days Hours Min.
)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife own home	Italy 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Italy
	13. FATHER'S NAME John Bevalague	14. MOTHER'S MAIDEN NAME Anna ?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Se Bruno Hyattsville Maryland.
	18. CAUSE OF DEATH [Enter only one couse per line for (d). (b), ond (d)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH I NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (County) (State)
1	21. I certify that I attended the deceased from.	M.D. Hyattsville, Maryland.
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O REMOVAL (Specify) Nov 15; 1958 Mt Olivet Co	
	73. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Mary	land. DATEOV 1 7 '58 Cirthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12814

CERTIFICATE OF DEATH

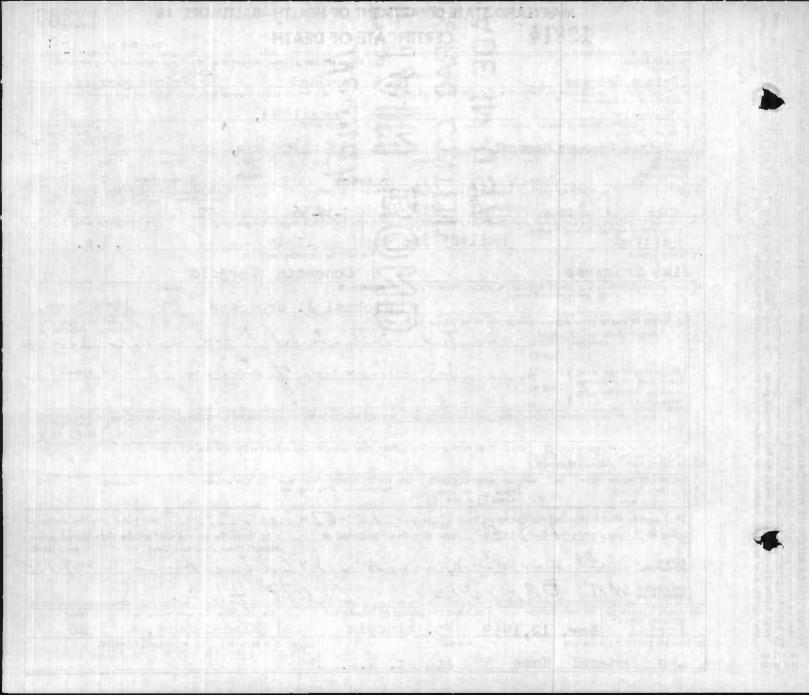
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									Reg. Dis	st. No.		
1. PLACE OF DEATH a. COUNTY					2. USUAL	RESIDENCE (Wh	ere deceased	lived. If institut		ce before o	dmission)	
Prince Ge	n on con		M	ARYLAND		vland		b. COUNTY		70070		
h. CITY OR TOWN (I	f autside carporate limit	s write	c. LENGTH OF ST	AV IN 16			utida caraar	rate limits, write f	ince s	Pant Re	town	
RURAL and give ne	earest town)		C. C. TOTT OF 31	A1 114 110	2/	OK 104114 (11 0	ioiside corpor	ule lillis, write i	CKYL GIIG S	give neuresi	luwing	
Cheverly					OG Ca	pital H	ts.					
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d. STRE	ET ADDRESS	-			e, 1	S RESIDE	NCE
		7			00	r 1011	A				ON A FAI	
	Georges Gen				11 80	7 47 411						
3. NAME OF DECEASED	Fin	st	Mic	ldle		Lost	4. DATE	Mai	nth	Day	Year	
(Type or print)	Jose	nh		Br	uzzese		DEATH	Nov	ember	9	19	58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	RRIED	B. DATE OF	BIRTH		9. AGE (In years		1 YEAR IF	UNDER 2	
	797-	WIDOWE	al h	RCED		- 4 01		last birthday)	Manths	Days H	aurs	Min.
Male	White		Name of Street		3_	14-86		72 yrs.				
10a. USUAL OCCUPATION during most of work	ON (Give kind at wark or king life, even if retired)	lane 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIR	THPLACE (State	ar foreign co	ountry)	12. CIT	IZEN OF W	VHAT CO	UNTRY
Retired			ailway E	Expre	SS	Ital	V		I	J.S.A	1.	
3. FATHER'S NAME	1 - 1 - 1 - 1		<u> </u>			IER'S MAIDEN N	4/			44		
Mike Bru	zzese				Co	ncetta	Zur	ijolo				
S. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY	NO 17. 1	NFORMANT				dress			
	(If yes, give war or dates of se			1								
				M	ichae	1 J. B	ruzze	ese 8	05	48th	AV	e.
18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne far (a), (b), and	(c).]			0 11				AL BETWI	
PART I. DEA	TH WAS CAUSED BY:)	5. 7		1	1	11/14		/	ONSET	AND DE	ATH
	IMMEDIATE CAUSE (a)) /0	asliv		mela	my		- Correra	my	45	300	7
1.581.0	DUE TO		1 -		0		1 0	4-	7	1		7
Canditions, if a	ny, which) (b)		Co	~~	hvz	~ 01	1 Lr	m		16	ne	-
gove rise to in	mmediate (1					-	
cause (a), stating	the under-					//				A		
lying cause lost.) (c)											
PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PAR	1 1(a) 19. V	WAS AUT	OPSY
X											S N	
20a. ACCIDENT WA	S LINDERLYING IT	20b. DESC	RIBE HOW INJUR	Y OCCURRE	D. (Enter not)	re of injury in I	Port I or Port	II of item 18 I				- 10
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)											
NO TIME OF INJUR	Y Manth, Day, Yea	- 20-1 15	NJURY OCCURRED	20a PI	ACE OF INII	RY (Hame, farm	7206 (01)					40
20c. TIME OF INJUR Hour o. m. p. m.		While	_ Nat while _	fa	ctary, street,	office bldg., etc.	.) !	or rawnj	10	County)		(State)
p. m.	19		at work									
21 1 00 415 4		J	16		1 20	57.7	-	4 20.5	P			
21. I certify in	at I attended the	decease	ed from		19_	L_1, 10_15	AV.R.	7./19.4	€.,that I	iast saw	the de	cease
alive on	simble	1, 19	19, and th	at death	accurred	at	_M, fram	the causes	and an tl	ne date :	stated	abava
	1 100		0	3s qr			ADDRESS (SI	reet, city or town,	state)		DATE	SIGNE
ACTUAL 2	ellran	3 //.	2000		1.	1240	T.	n			11/9	10
SIGNATURE					M.D9_	1		24			-f-l-+	7.74
PHYSICIAN'S NAME (Type)	M BK	A	NIN		6	apti	P 14	to my	,			
220. BURIAL, CREMATIO	N. 22b. DATE THEREO	F	22c. NAME OF C	EMETERY O	R CREMATO	N N	224 1004	ION (City, tawn,	or county		/State)	
REMOVAL (Specify)	27 20						_ \/				(State)	
Burial	Nov. 12	,195		Lin	coln		pra	densbu			Md	
23. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS			240. REC'I	D BY REGIST		STRAR'S SIC			
Lee Fur	eral Ho	ma	300 1+4	0+	M E	DATE NO	V12'5	8 a	thur S.	Maria		
nee LIII	TELAT TO	TIE	300 4th	She	Nation	DAIL						

il director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun page 3 should be defer use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the registrar priar to Berial, crematian, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57



FOR STATE HEALTH DEPT.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please s. writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 1 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your less thould be used as a burial-transit permit. File pages 1 and 2 with the State Board of Rollin, priar to burial, cremation, or removal, and in any event within 72 hours after death. DEPUTY MEDICAL EXAMINER: This xecute the certificate, is should be forward. r its designated ag

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V\$.				
5A	A 2	2/3	7	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12794 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

o. COUNTY Prince	Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If inst and b. COUI	MTM . C	re odmission)
b. CITY OR TOWN III out College Par	side corporate limits, write RURAL	c. LENGTH OF STAY IN 16 3 months		If outside corporate limits, wri		orest town)
d. NAME OF HOSPITAL 8914 Baltime		in haspitat, give street oddress)	d. STREET ADDRESS	imore Avenue		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	TAPLEY	WILLIAM B	RYANT	4. DATE Mo Mo DEATH NOVEMB	er lst,	Yeor 19 58
5. SEX Male	1872. A.L.	ARRIED NEVER MARRIED B. DIVORCED A	DATE OF BIRTH ugust 4th,]	9. AGE (In years last birthday) 91 yr:	Manths Doys	F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of working I Carpenter Sel	ife, even if retired)	66. KIND OF BUSINESS OR INDUSTR	Virginis		12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
John Bryan	nt		Clemetine	Gutridge		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? yes, and war or doles of service) None		FORMANT ylor J. Brys	ant, 8914 Balt	" College I	Park, Md.
Conditions, if any, gove rise to immediate (a), stating the und couse tost.	lerlying DUE TO (c)	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	mal disease condition of		WAS AUTOPSY PERFORMED?
PART II, OTHER 200. EXTERNAL CAUSE PRIMARY OF CONTR CAUSE OF DEATH.	WAS 206. DES	CRISE HOW INJURY OCCURRED. (En	nter noture of injury in Po	et I ar Port It of item 18.)	1	
20c. TIME OF INJURY Hour o. m. p. m.		20d. INJURY OCCURRED While Nat while focto ot wark ot work	E OF INJURY (Home, farrry, street, office bldg., etc.	m. 20f. (City or town)	(County)	(Stote)
opinion deoth re	I took charge of to sulted from: Natural Amount	Valory-		Homicide , Under	termined monner	ond in my DATE SIGNED 1958
270. BURIAL, CREMATION. REMOVAL (Specify) Burial	22b. DATE THEREOF 11/4/1958	Cedar Hill Cer	CREMATORY	22d. LOCATION (City, town Suitland Rd.P)	-	(State)
23. FUNERAL DIRECTOR'S S W.W. Chamber 8		ADDRESS Lverdale, Md.	240. REC		SISTRAR'S SIGNATURE	2

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15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ON A FARM?

YES NO

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(State)

WAS AUTOPSY PERFORMED?

(Stote)

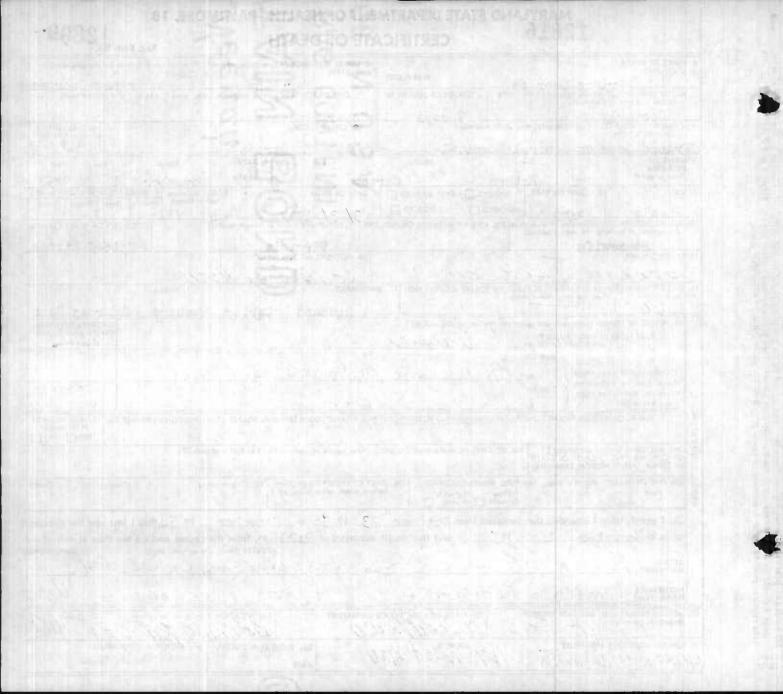
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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12816 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

1. PLACE OF DEATH o. COUNTY		MARYLAND	2. USUAL RESIDENCE (W		If institution: I	Residence befo	re odmissio	on}
b. CITY OR TOWN	ince Georges If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		nits, write RURA	Prince	Geor	rges
RURAL ond give n	1907	0.3	X -					
d NAME OF HOSPI	TAL (If not in hospital, give street	9 days	Cedar Heig	hts			10.0001	
OR INSTITUTION	The firmer in nespire, give sincer	dooress	M. STREET ADDRESS				e. IS RESID	
Prince Geo	rges General Ho	ospital	6418 L S	treet			YES 🔲	NO T
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Da	y Ye	ear
(Type or print)	Esther	n w Ca	rter	DEATH	November	n 7	10	958
5. SEX		RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IF L	JNDER I YEAR		
Fomala						anths Days	Haurs	Min.
100. USUAL OCCUPATION	Negro WIDOW DN (Give kind of wark dane 10b.		JSTRY 11. BIRTHPLACE (Stan			10 CITIZENI O	F 140147 6	
during most of worl	king life, even if retired)	KIND OF BUSINESS OK INDI	JSTRT HE BIRTHPLACE (SIGN	e or tareign country)		12. CITIZEN O	F WHAT (COUNTRY
House	wife		Virgin			Unite	d Sta	ites
13. FATHER'S NAME	/		14. MOTHER'S MATDEN	NAME				
GCORG	TE JACK	3011	lenn;	Incks	OH			
15. WAS DECEASED WE	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	111000	Address			
(Yes, no, or unknown)	(If yes, give war or dates of service)		Richard	Carter F	Jushand.	Addr	ess S	Same
18. CAUSE OF DEA	ATH [Enter only one couse per li	ne for (o), (b), and (c).]		-		INTE	RVAL BET	WEEN
PART 1. DEA	TH WAS CAUSED 8Y:	Meuria					ET AND	
1111011	DUE TO	y accord					Men	3
1442X	11	11. 1.	P. C	0	0			
Canditions, if o	ny, which (b) /V	7 persensive	Camo- Vase	erlar re	uel		1	
cause (o), stoting		0				/	Met.	2
lying couse lost.	(c)	1/3	ean					
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE CONE	DITION GIVEN I	N PART 1(0) 1	. WAS AL	UTOPSY
\$							PERFOR	
	S UNDERLYING 1 206. DES	CRIBE HOW INJURY OCCURR	D. (Enter nature of injury in	Port I or Port II of it	em 18)		152	140 LJ
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							
	Y Month, Day, Year 20d. I	NJURY OCCURRED 20e. P	ACE OF INJURY (Home, far	m, 20f. (City or tow	n)	(County)		(Stote)
Hour a.m.	19 While		actory, street, office bldg., et	c.)		(200/)		(5.0.0)
	di woi							
21. I certify th	at I attended the deceas	ed from October_	_2B_, 19_58, to	November 1	, 19_58,th	at I last sa	w the d	ecease
alive on Nove	mber 1 , 195	8, ond that death	accurred at 9:20	A.M. from the	couses and	on the dat	e stated	dahove
1	11100	1		ADDRESS (Street, cit				E SIGNE
ACTUAL SIGNATURE	-dell the	me.	54201	DUFFAIC	CHAL	DEI R	21	
			M.D	11.5.674.2.			-1	
PHYSICIAN'S NAME (Type)	ONALD S.FL	EISCHER	1447	TISVILL	E. Mc	21.	1/	1/17
220 BURIAN CREMATIO		22c. NAME OF CEMETERY C	OR CREMATORY	22d-tOCATION (C	ity, town, or co-	unty)	(Stote)	00
REMOVAL (Specify)	11-3-58	Wood/A	Wn	Benny	nu Pa	SI	h	16
23. BUNERAL DIRECTOR	SIGNATURE	ADDRESS /	240 PEC	DAY REGISTRAR	24b. REGISTRAI	R'S SIGNATUR	F	7
Jene 1 111	Admitte 40	7 Not no	()	AUV 5 58		lung S. F.		
And In	many 16	/ '/ /	DATE			mat. The	WARE,	



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4	12861 CERTIFICATE OF DEATH Reg. Dist. No. 12810
Page director	1. BLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before of mission) o. STATE D. COUNTY b. COUNTY
deoth.	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If of side corporate limits, write RURAL and give nearest town)
by the	d. NAME OF HOSTITAL (If not in hospital give street oddress) 3 P. 14 - 43 rd ave, 37/4-43 rd ave, 37/4-43 rd ave
illed in es I one	3. NAME OF DECEASED (Type or print) Robert Peter Conlan Death now. 19 1958
d within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1. SEX 1. JS 91 9. AGE (In years lift UNDER 1 VEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Hours Min.
e be executed can and cample carbon papers.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: On the foreign country to the foreign country. 12. CITIZEN OF WHAT COUNTRY: On the foreign country to the foreign country.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sweeney
n certificating physici	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ves. no. or unknown) [If yes, give wadge date of service) Bokerh V. Condon Addings
he death a attend en pleas at within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).]
d by the	Conditions, if any, which) (b) a land curcus a drig more of the 12-175
ion. en signe nsit per	gave rise to immediate couse (o), stoting the under lying couse lost. DUE TO (c) Que a lue lastasis
The law ig physic has bee urial-tra emaval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
trending trificate but or re	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH OR EITHER, NOTIFY MEDICAL EXAMINER)
PHYSI tol or a this cer ar use a remotia	20c. TIME OF INJURY Month, Day, Year Hour a. jt. p. m. 19 20d. INJURY OCCURRED While Not while of work of work of work of work of work of work.
Affer Affer Aurial, o	21. I certify that I attended the deceased fram 12 9 , 15 1, to 11 / 19 , 195 8 hat I last saw the deceased alive an 11/19 , 1958, and that death accurred at 6 2 M, from the causes and on the date/stated above
OR ATTI	ACTUAL SIGNATURE SIGNAL SIGNATURE SIGNAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAL SI
OSPITAL C	PHYSICIAN'S George J. Hageage Codegelitynd
Moy by	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 1/21/58 Calington National Calington Va. 23. FUNERAL DIRECTOR'S SIGNATURE
VS A15 (4) 15M 9/55	Malley's Funeral Home Md. DATENOV 2 4 '58 Circles Carrier DATENOV 2 4 '58
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	Sign (Decryality and Company)	HS COMMON DESCRIPTION		
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within 24 haurs after deoth. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be VS A15 {4 15M 10/5

>. 1.	o. COUNTY				2. USUAL RES	IDENCE (WI	here deceased	lived. If institution b. COUNTY	an: Residence b	efore adm	ission)
1	Prince Ge			MARYLAND	Maryla			ce Geor			
	b. CITY OR TOWN	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If o	outside corpore	te limits, write R	URAL ond give	nearest to	wn)
	Cheverly			13 days		Marlt	oro				
	OR INSTITUTION	ITAL (If not in haspital, g	ive street o	ddress}	d. STREET	ADDRESS					ESIDENCE A FARM?
L	Prince Geo				Box 1	5 A	Route	1			_ NO _
	NAME OF DECEASED	Fir	st	Middle	Lo	st	4. DATE	Mon	lh	Day	Year
	(Type or print)	Lucil	Le		Cor	olan	DEATH	Nov		20	1958
5.	. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRT	гн	9	. AGE (In years	IF UNDER 1 YE	The second second	DER 24 HRS.
L	Female	White	WIDOWE	DIVORCED	11-18-	-1909		AGE (In years last birthdoy)	Manths Day	s Hour	s Min.
10	O USUAL OCCUPATI	ION (Give kind of work or rking life, even if retired	dane 10b. K	CIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (State	ar fareign cou	intry)	12. CITIZEN	OF WHA	AT COUNTRY?
	CASHIER		CA	B Co.	10 15 45	UNKNO	WNT.		U.S	A	
13	. FATHER'S NAME				14. MOTHER						
	UNK	NOWN				INI	KNOWN.				
		ER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT	021		BOX Add	5' A, RO	ר יבייידו	
41	Yes, no. or unknown)	(If yes, give war or dates of s		579 28 998	RS JVY	M GOR	MT. E'V		MARLBOR		
	18. CAUSE OF DE	ATH [Enter only one co	use per line		ALS AVI	e GOA	OLD DE LA	ULLER		NTERVAL	
		ATH WAS CAUSED BY:		Kenal	La 1	1	,		0	NSET AN	D DEATH
	6000	IMMEDIATE CAUSE (o	1	01	7 an	Low	,				
	Conditions, if	any which i	(Unmie	1 cist	line	phre	Tus!			
	gove rise to	immediate ()		fu		2000	070			
	lying cause last.	ine under-									
z		- /		ONTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERMI	INAL DISEASE	CONDITION GIV	EN IN PART 1(o	1 19. WAS	AUTOPSY
ATIC										PERF	ORMED?
CERTIFICATION	200. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature o	of injury in I	Port I ar Part I	l of item 18.)		120	3 110 🖂
E S	(IF EITHER, NOTIF)	G CAUSE OF DEATH									
CAL	20c. TIME OF INJU	RY Month, Day, Yes	or 20d. IN	JURY OCCURRED 20e. P	LACE OF INJURY	(Home, form	1. 20f. (City o	or fown)	(Coun	tyl	(State)
MEDI	Hour a.m.	19	While of work	INDI WILLE	octory, street, offic	e bldg., etc.	-)				
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	alive on 191	900	, 19 5	Z, and that deat	h accurred at						
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	SIGNATURE	Occion	70(K	5 - 400 -	M.D./Jam	Islad	MARY	20 100			
	PHYSICIAN'S NAME (Type)								/		
22		ON, 226. DATE THEREO	· ·	00 NULLE OF STREET							
44	REMOVAL (Specify)		22c. NAME OF CEMETERY	JK CREMATORY	- 15	ZZd. LOCATIO	ON (City, town, o	or county)	(Ste	ate)
22	BURIAL DIRECTOR	11/22/58		WASHINGTON ADDRESS	NATIONAL	CHM				VO MI).
1	21/3/	2		ADDRESS -	in the second		D BY REGISTR		MY S. Tras		
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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessory, pleaxecute the certificate, writing the word "pending" in pencil in 11em, 18. Give Pages 1, 2, and 3 to the funeral director 14 should be forwed to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Baard of the or its designated agent, prior to burial, cremotian, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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FOR	STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12818 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF	DEATH			2. USUAL RESIDENC	E (Where decea			ence bef	ore admission	n)
0. COOI41	Prince George	S	MARYLAND	o. STATE Ma	ryland	b. COUNT	Pr.	Ge	0.	
	TOWN (If outside corporate limits, writnearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	V (If autside car	porote limits, write	RURAL onc	give n	earest town)	
	Cheverly		D.O.A.	34 Brent						
d. NAME C	OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRES	SS				e. IS RESID	
	nce Georges Gen			3800		Hill Ro			YES N	
3. NAME OF DECEASED		af	Middle	Lost	4. DATE OF	Mont	th	Day	Year	
(Type or po	James James	2	Chornton Co	ornwell	DEATH	Novem	ber	30	195	8
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 0	. DATE OF BIRTH		9. AGE (In years lost birthday)			IF UNDER 2	
Male	white	WIDOWED	DIVORCED T	2-12-1899		59 yrs.	Months	Days	Hours Mi	n.
100. USUAL C	CCUPATION (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (S	tate or fareign	country)	12. CIT	ZEN O	WHAT COL	UNTRY
	t of working life, even if retired)	D.	isabled Vetera	Virgini			1	J.S.	A	
Non 13. FATHER'S			register veneral	14. MOTHER'S MAIDE				000		
773	dame M. Carrera	1				Pose				
	dgar M. Cornwel		SOCIAL SECURITY NO. 17. R	NFORMANT	nnie	Posey				
(Yes, no, er unkn	own) (If yes, give wor or dates of				E. 541			0		
Yes	W.W. 1		The state of the s	velyn Tanne	r; same	address	as #	-		
0.000	E OF DEATH [Enter only one con	use per line	tar (a), (b), and (c). j					ONSE	VAL BETWEEN	
PA	IRT I. DEATH WAS CAUSED BY:		Acute conges	tive heart	failure					
44	12X DUE TO									
Conditio	ons, if ony, which) (b)		Cardiovascul	ar renal di	sease					
gove rise	to immediate cause									
couse lo	ing the oliowitying									
	RT II. OTHER SIGNIFICANT CON		INTERNITING TO DEATH BUT N	OT RELATED TO THE TE	PMINAL DISEAS	E CONDITION GI	VENI INI BAR	T 2/03/25	TILL SAVAL C	OPSY
OF	in it, o man blotm, com to com			TO THE TE		L CONTONION OF	1614 114 1 76		PERFORME	ED?
2 20 0									ES NO	O [X]
PRIMARY CAUSE O	P DEATH.	ж. DESCRIBE	E HOW INJURY OCCURRED. (E	inter nature at injury in	Part I ar Part II	of item 18.)				
9	OF INJURY Month, Doy, Ye	or 20d. 1	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home,	form, 20f. (Cit	y or town)	(Cor	inty)	(5	State)
Hou Hou	o. m. p. m.	While	Not while fact	ory, street, office bldg.,	etc.)					
	ertify that I took charge			ve held on Auto	NO. 1	nepaction D	Inquit	101	and :	
						_		" house!	_	n my
opinior	deoth resulted from:	Noturol	causes X, Accident	, Suicide,	Homicide	L, Undele	ermined i	monne	r L	
	11 0	00 /	1	_					DATE SIGN	IED.
SIGNAT	URE CAMBOT Y	Yal	ones	_ M.D. CHIEF MEDICA	L EXAMINER				DAIR SIGH	-
			(1	ASSISTANT ME	DICAL EXAMINE	R				
EXAMIN NAME (1		lonev	M.D.V	DEPUTY MEDIC	AL EXAMINER	Nov	ember	30	, 1958	3
220. BURIAL,	CREMATION, 226. DATE THERE		22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town,			(State)	
REMQYA	L (Specify)	958	Fort Lincoln	Cenetery		ar Manor				
	DIRECTOR'S SIGNATURE		ADDRESS		EC'D BY REGIS		ISTRAR'S SIC		E	
	Gasch's Son	e ilar	attavilla Ma							
	· dasch's Pon	5 my	accsville, Ma	• DAT	EC 2 '58	Cit	40 S &	Lance A		

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VS A15 (4) 15M 9/5S 2

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12862

CERTIFICATE OF DEATH

									Keg. Dis	31, 140.		
1. PLACE OF DEATH o. COUNTY P	rince Georg	e	MARYLAND		usual residence (who state of North Care		ed fived. If inst b. COU		. Resident		e odmiss	sion)
RURAL and give ne		its, write	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (If a		orate limits, wr	ite RUF	RAL and g	give near	rest town	n)
d. NAME OF HOSPIT	AF Base At (If not in haspitol, g	ive street	24 days		d. STREET ADDRESS	Lle		10	Xee	9	e, IS RES	IDENCE
USAF HOS		rews			5403 Dair	y Road	1					FARM?
3. NAME OF DECEASED (Type or print)	John		Middle Leo	Cos	tello	4. DATE OF DEATH	Nove	Month		Doy 17	,	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In ye	eors II	FUNDER		IF UNDE	ER 24 HRS
Male	Cau	WIDOW	terral transfer		cember 14			yrs.	Manths	Doys	Hours	Min.
during most of work	ON (Give kind of work ing life, even if retired Force)	. KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLACE (State		country)		12. CIT		USA	COUNTRY
3. FATHER'S NAME				14	MOTHER'S MAIDEN N							
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(Yes, no. or unknown)	R IN U. S. ARMED FOR	ervice]	SOCIAL SECURITY NO. 17	INFOR	MANT Vife - Mrs V	drein		Addres				
Canditions, if or gave rise to it cause (o), stating lying cause last.	TH WAS CAUSED BY: fMMEDIATE CAUSE (o DUE TO ny, which (b) nmediate	<u>P</u>	ine for (o), (b), and (c).]							3	Days	BEATH
E			contributing to DEATH B	UT NOT	RELATED TO THE TERMI	NAL DISEAS	SE CONDITION	GIVEN	N IN PART	T 1(a) 19	PERFO	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCUR	RED. (Er	nter nature of injury in I	Part I ar Pai	rt II af item 1B.	.)				
ZOc. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Yes	While	Nat white	PLACE (factory,	OF INJURY (Home, farm street, affice bldg., etc.	20f. (Cit	y ar tawn)		(C	ounty)		(State)
ACTUAL SIGNATURE	ruand T	195	8 and that deal	_M.D.	USAF HO	AM, franchistory (Spital	m the cause street, city ar to L, Andr	es and own, ste ews	d an th	Nov	e state	ed abave
220. BURIAL, CREMATION REMOVAL (Specify)	ERNARD CLOW N, 226. DATE THEREC 11-19-58		22c. NAME OF CEMETERY ALLINGTON	OR CRI	Andrews MATORY TIONAL	224 LOCA	TION (City, 10)	wn, ar		n 25	(State	
23. FUNERAL DIRECTOR	S SIGNATURE NECAL HOM	e 8	ADDRESS T. N.	_		D BY REGIS	TRAR 24b. R	REGISTI	RAR'S SIG			

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	. Haritagina 25, B.			
				Section and Section 1981

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death; may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funcial a page 3 shauld be discuss as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled in the registrar prior to curial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12863 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

12814 Reg. Dist. No.

B. COUNTY PRINCE B. CHY OR TOWN III outside corporate limits, write B. CHY OR TOWN III outside corporate limits, write B. CHY OR TOWN III outside corporate limits, write B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. CHY OR TOWN III outside corporate limits, write RURAL and give nean B. COLOR OR TOWN III outside corporate limits, write RURAL and give nean	1 1	
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DIVORCED APRIL 23 10 2 Set Common Doys	3.	DECEASED TALLARIA TARILLA OF ALLAL TO
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18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (b) DUE TO Conditions, if any, which gove rise to immediate course (c), toling the under lying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20. ACCIDENT WAS GINDERVING. OF CONTRIBUTING. DUES TO CONDITION OF CONTRIBUTING DIVING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20. ACCIDENT WAS GINDERVING. OF CONTRIBUTING. DIVING DIVING DIVING DIVING TO DEATH SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20. ACCIDENT WAS GINDERVING. OF CONTRIBUTING. 20. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 11 of item 18.) OF CONTRIBUTING DIVING DIVING DIVING TO THE PART 1 (a) The part 1 or Port 11 of item 18.) 21. I Certify that I attended the deceased from 19. 21. I Certify that I attended the deceased from 19. 22. I Certify that I attended the deceased from 19. 22. I Certify that I attended the deceased from 19. 22. BURIAL CREMATION. 22. DATE THEREOF 12. ADDRESS (Street, city or town, stole) 22. BURIAL CREMATION. 22. DATE THEREOF 12. ADDRESS (STREET, OR CREMATORY) 22. BURIAL CREMATION. 22. BURIAL CREMATION. 22. DATE THEREOF 12. ADDRESS (STREET) OR CREMATORY 22. BURIAL CREMATION. 23. BURIAL CREMATION. 24. REC'D BY REGISTRAR 74b. RE	1	MARINE ENGINEER EMB. BAIRY GIRARD ILLINOIS U.S.A.
18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMAR 1	13	2 5 11 11
Its. cause of Death (Enter only one course per line for (o), (b), and (c)	1	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	17	(es. no, or unknown) [If yes, give wor or dates of service]
DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under lying couse lost. PM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20a. ACCIDENT WAS INDERIVING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH (FETTHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work o		ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the under lying cause last. Prof. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20c. ACCIDENT WAS UNDERRYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Manth, Day, Year Hour o. m., 19 20d. INJURY OCCURRED while of work of		PART I. DEATH WAS CAUSED BY: (Death of Action
gove rise to immediate couse (a), stating the under: Jying cause last. (c)		
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Prof. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED work 19 of		thing one for
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While of work on more factory, street, office bidg., etc.] 21. I certify that I attended the deceased fram. 19 manth of more factory, street, office bidg., etc.] 21. I certify that I attended the deceased fram. 19 manth of more factory, street, office bidg., etc.] 22. I certify that I attended the deceased fram. 19 manth of more factory, street, office bidg., etc.] 23. FUNE ALL CREMATION, 19 manth of more factory, street, office bidg., etc.] 24. I certify that I attended the deceased fram. 19 manth of more factory, street, office bidg., etc.] 25. June 19 manth of more factory, street, office bidg., etc.] 26. June 19 manth of more factory, street, office bidg., etc.] 27. June 19 manth of more factory, street, office bidg., etc.] 28. June 19 manth of more factory in more factory, street, office bidg., etc.] 29. June 19 manth of more factory in more factory, street, office bidg., etc.] 20. June 19 manth of more factory in more factory, street, office bidg., etc.] 29. June 19 manth of more factory in more factory, street, office bidg., etc.] 20. June 19 manth of more factory in more factory, street, office bidg., etc.] 20. June 19 manth of more factory in more factory in more factory. 20. June 19 manth of more factory in more factory. 20. Burlat, Cremation, 22b. Date thereof part of more factory. 21. June 19 manth of more factory in more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremation, 22b. Date thereof part of more factory. 220. Burlat, Cremati	Z	
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21. I certify that I attended the deceased fram		
alive on	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o. m. 20d. INJURY OCCURRED While Not white at work at work at work (State)
alive on		21. I certify that I attended the deceased fram. Jan., 1953, to how 27, 1955, that I last saw the deceased
ACTUAL SIGNATURE WITH THE PROPERTY OF CREMATORY PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY PREMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS,		alive on 127, and that death accurred at 105 P.M. from the causes and an the date stated above.
PAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRESS		actual (111, 954 alm) has de facilité
BREMOVAL (Specify) 12-1-19-58 (Crimation) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS, ADDRESS		
111. W. Phone lara Contra North cetters 109 and	7	
	23	11 11 Phase Contra Non

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	TO THE CANADA STREET	
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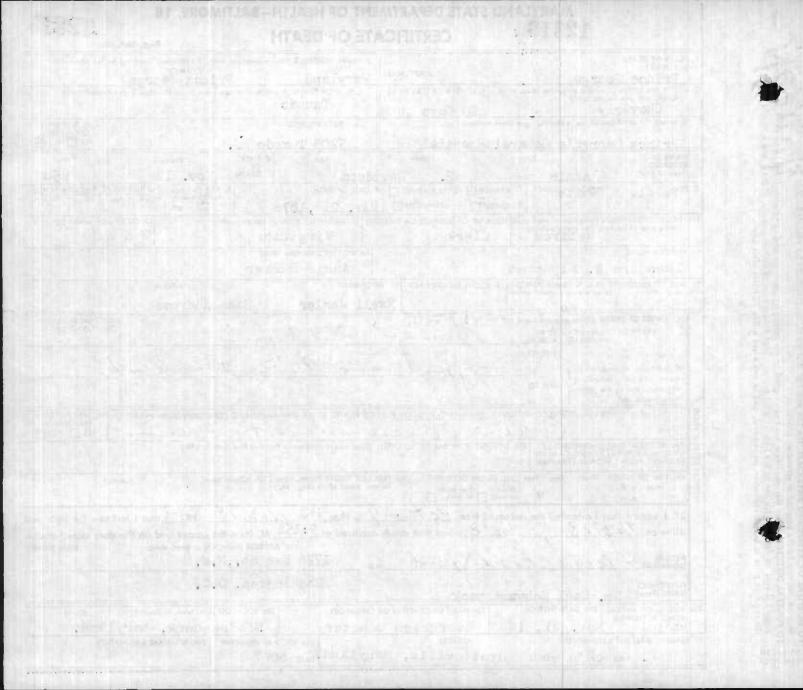
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12819

CERTIFICATE OF DEATH

12815 Reg. Dist. No.

1.	PLACE OF DEATH			MARY	AND	2. USUAL RESIDENCE	CE (Whe		b. COUNTY		ice befa	re admiss	sian)
	Prince Ge	outside carparate limi	ts write	c. LENGTH OF STAY I		Maryland	(N1 /16 au		rince Go ate limits, write R			want town	-1
	RURAL and give ne	arest tawn)	3, 44116		14 10	Tuxe		iside corpor	are limits, write k	UKAL and	give nec	rest towi	")
-	Cheverl	AL (If not in hospitot, g		20 Days		7							
	OR INSTITUTION	At (ir nor in nospitor, g	ive sireer	oddress)		d. STREET ADDR						e. IS RES	FARM?
	Prince Ge	orge's Ger	eral	Hospital		5200 1	uxe	do Rd.				YES [NO [5]
3.	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mon	th	Da	у	Year
	(Type or print)	Annie		В.	Dav.	idson		DEATH	Nov. 1	.8			1958
5.	SEXFemale	6789101 OR RACE	7. MARI	RIED NEVER MARRIE	D	B. DATE OF BIRTH			9. AGE (In years	IF UNDER	-	IF UND	ER 24 HRS.
			WIDOW	ED DIVORCED		Mar. 21 .1	1876		las (grindoy) yrs.	Months	Doys	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	one 10b.	KIND OF BUSINESS OF				r fareign co	untry)	12. CI1	TIZEN O	F WHAT	COUNTRY?
	during most of work	ing life, even if retired Retired		Clerk		Virg	rini	a		US	S A		
13.	FATHER'S NAME					14. MOTHER'S MAI						•	
	Theodore	B. Lipsco	mb			Annie							
15				SOCIAL SECURITY NO.	17 10	NFORMANT		1101	Add	rett			
		It yes, give wor or dates of s		SOCIAL SECONITY NO.					111-1-11				
		no				ell Mohler		San	e Addres	55			
П			use per li	ne for (a), (b), and (c).		-	0					RVAL BE	
	PARI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		/ Chi	e	7 au	l.	un-	Pa.				
	442X	DUE TO		,	/-	-1	1.		1	.0	1		
	Conditions, if on		1	chemen l	Lu	is new It,	126	was	elisch,	Com	de.		
	gove rise to in cause (o), stoting t			0									
	lying cause lost.	(c											
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE	CONDITION GIV	'EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
CATION		Cir	les	-o Car	ci	unerei	16	the	erci	en			NO
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE). (Enter nature of inju	ury in Po	art 1 or Port	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY	Manth, Day, Yea	r 20d. II	NJURY OCCURRED	20e. PL/	CE OF INJURY (Home	e, farm,	20f. (City	or town)	(1	County)		(State)
AED!	Hour o. m.	19	While at war	Nat while	foc	tary, street, office bld	lg., etc.)						
1					7	a	~	1001		0			
	711	at I attended the				7, 1950, to		00,1	1957),that I	last sc	iw the	deceased
	alive on 110	4210-	_, 195	and that	death	occurred at 9:					he da	te state	ed above
	1	/-	//	-V/1. 1	,	370/			eet, city or town,	state)		D	ATE SIGNED
	SIGNATURE	ulaca	ur	dex fort		M.D	э Еу	e St.	N.W.				
	PHYSICIAN'S NAME (Type)	r. Saul Sch	weet	zhack		Was	shin	gton,	D.C.				
220	BURIAL, CREMATION			22c. NAME OF CEME	TERY O	R CREMATORY	12	22d. LOCATI	ON (City, town, o	or county)		(Stot	e)
	Burial (Specify)	Nov. 21.	1958	Evergre	en (Cemetery			lensburg		rvla	,	
23.	FUNERAL DIRECTOR'S		2000	ADDRESS	- 11		, REC'D	BY REGISTR					
	F. Gas	sch's Sons	в Ну	yattsville	, Ma					rthur a	0 11		



VS A15 (4) 1SM 10/57

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12820 **CERTIFICATE OF DEATH**

12816 Don Diet Me

	Reg. Dist. 140.
o. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) o. STATE. D. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OF TOWN (M'outside corporate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Page desce	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
NAME OF DECEASED (Type or print) Luther Robert	Doulden 4. DATE Month Day Year OF DEATH NOV 11 1958
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 10 V 3 1881 9. AGE (In years list birthdoy) 7 7 yrs. B. DATE OF BIRTH Months Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
harlie Dowden	14. MOTHER'S MAIDEN NAME I da Virginia Tharne
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC(AL SECURITY NO. 17. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	informant V. Sulluka (Keverley, md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	the Heart disease Interval BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) Pul th,	(chi-) 4 1/2 yrs
gove rise to immediate couse (o), stating the under-tying couse last.	
none_	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ NO } \lefter \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While of work to the p. m. 19 of work to the p. m. 19	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
21. I certify that I attended the deceased from Wy Colive on 1958, and that death	h occurred of 10 30 AM, from the couses and on the date stated above
ACTUAL SIGNATURE THE PENTON	ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole) DATE SIGNE M.D. 1801 Eye 5 + 71 W
PHYSICIAN'S E. R. FENTON	Wash 6 De
20. BYRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CORNELL STREET, 22c. NAME OF CEMETERY CONTROL OF CEMETERY CONTR	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 24b. REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

BI MO AT	TO DESCRIPTION OF THE OWNERS OF THE OWNERS OF THE	
	BIASS TO TRACTURED TO THE STATE OF STATE	
	An extraction of the second of	

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the fune page 3 shauld be del. In for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12821 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

12817

Reg. Dist. No.

1. PLACE OF DEATH					2. USUAL RESIDENCE (Where decease			ce before o	odmission)	
1	nce Georges	3	MAR'	YLAND	Marvla	nd	b. COUNTY	Prince	Men	2002	
RURAL and give ne		its, write	c. LENGTH OF STAY		c. CITY OR TOWN (prote limits, write l			t Town)	
	AL (If not in hospital,	nive street	10 hour	S	d. STREET ADDRESS	Heights	5			IS RESIDEN	ICE
OR INSTITUTION	At the norm hospital, t	give sireer	ouoressy	-	d. SIREET ADDRESS					ON A FAR	PM?
	Georges Ger	orla	- Hogaita		821 59 Ave	nue			Y	ES NO	
3. NAME OF DECEASED	Fi	rsf	Middle	e	Lost	4. DATE	Mo	nth	Day	Yeor	
(Type or print)	Susa				wling	DEATH	Nover	her	5	19	58
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARR	IED [. DATE OF BIRTH		9. AGE (In years lost birthday)		TYEAR IF		
Female	White	WIDOWI	DIVORCE	ED 🗌	8/0/05		23 Aug	Months	Days H	lours A	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE TSIC	ote or foreign c	ountry)	12. CIT	IZEN OF V	WHAT COL	UNTRY?
Housev	ing life, even if retired	"			Goo	rgia		TIM	ited	Chat	-
13. FATHER'S NAME	1210				14. MOTHER'S MAIDEN		,		Trea	Pran	85
d'el	70		0	V	1 1-0	Do k	010.	2 . 1			
15. WAS DECEASED EVE	P W II S APMED FOR	CES2 14	SOCIAL SECURITY NO	117 18	FORMANT	Q 17	Adi	dress			
	if ses, give war or dates of		JOCINE SECONITI 140					"es			
					orge Dowlin	g Hus	sband	Addre	SS S	ame.	
	TH [Enter only one co	ouse per lie		4	,					AL BETWE	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	I	rtha co	enel	nal he	emon	nhAq	C	2 4	Ihn	5
443											
Conditions, if or	/ *	Hu	penter	V 51	ve (Andi	0 VAC	CULAR	DISA	ALC	5VI	25
gove rise to in	nmediate (p cret c			/13	(44.77)	1.50	DC.		
lying cause lost.	the under-										
) (0	:)	CONTRIBUTION OF TO DE	4714 0417	107.051.1750.70.71.775						
PART II. OIP	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	IU8 HIA	NOT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 19.	PERFORME	D?
₫									YI	ES NO	
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRED	. (Enter nature of injury	in Port I or Por	t II of item 18.)				
20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d, It	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fo	orm, 20f. (City	r or town)	10	County)	C	Stole)
20c. TIME OF INJUR Hour a. m.	19	While	Not while	fac	ory, street, office bldg.,	etc.)			,,	· ·	,
		of wor									
21. I certify th	at I ottended the	deceas	ed from Nover	nber	4_, 1958, to N	ovember	2-5, 1958	3., thot 1 1	lost saw	the dec	ceosed
olive on Nove		125			occurred ot9 15						
10		1	=i1/ /V	me	11-		treet, city or town				SIGNED
ACTUAL SIGNATURE	unn	N	The Con	7	35	03 F	enny 5	5	/	15	151
PHYSICIAN'S NAME (Type)	Vonman	2)	ONAT/	BM	eau m	TRA.	inien	Md			
22a. BURIAL, CREMINIO	N. 226. DATE THEREC	OF 1-	22c. NAME OF CEN	NETERY OF	CREMATORY .	22d. LOCA	TION (City, Ipwn,	or county)		(Store)	
23. FUNERAL DIRECTOR	CICNATURE	450	ADDRESS /	77	alon 14	40	XXI	74-	eu,	NO	
23. PUNERAL DIRECTOR	SIGNATURE		ADDRESS /	5/-/	240. RE	CO BY REGIST	KAK 246 REG	ISTRAR'S	Claude		
(A ale	nally	mel.	4 10 90	1	X), (A, DATE						

AND DESIGNATION OF STREET STREET			PLANTERNA	
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VS A15 (4) 1SM 10/S7

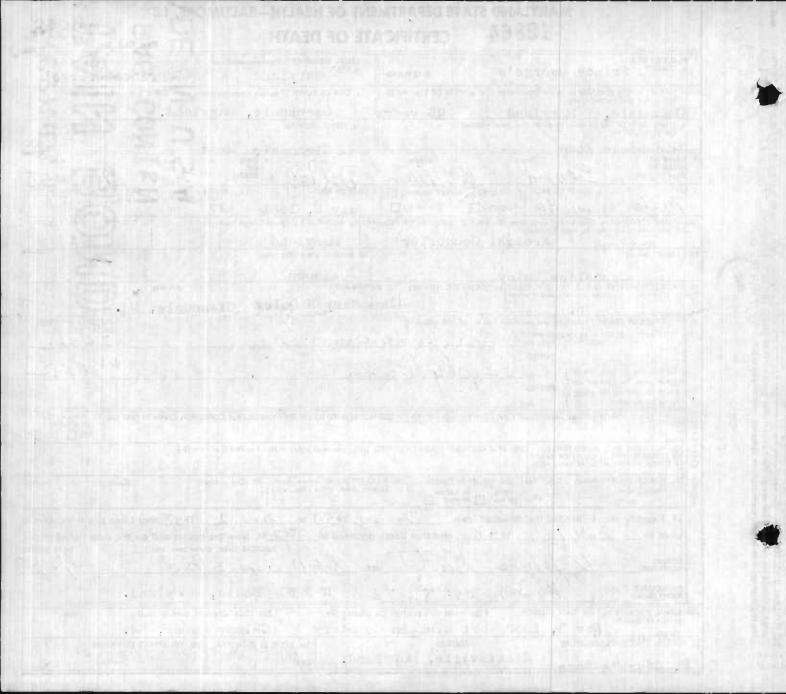
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12864

CERTIFICATE OF DEATH

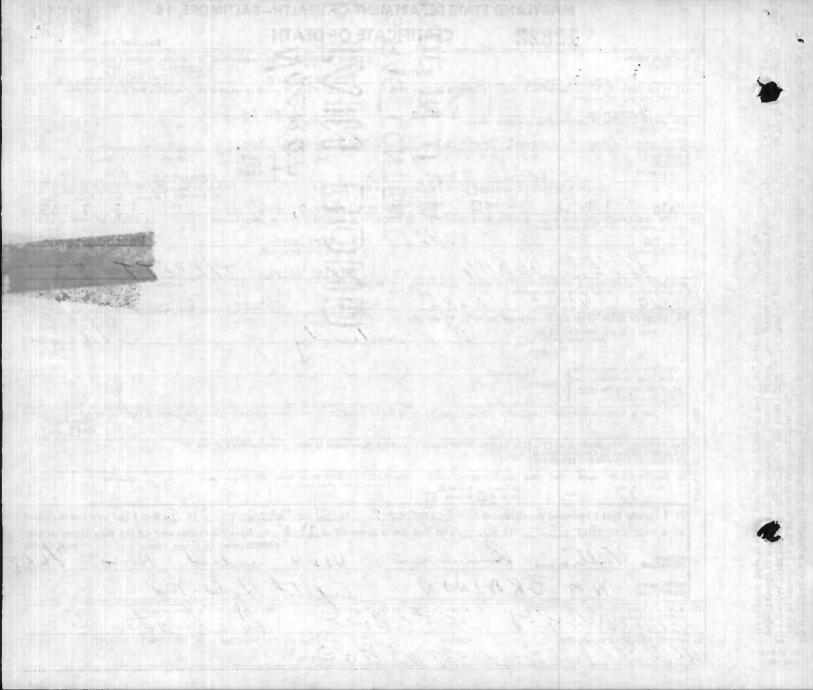
12818

1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTYPrince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Glenndale, Maryland 25 years	X Glenndale, Maryland.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	e. IS RESIDENCE ON A FARM?
Glenndale Road	Glenndale Road YES NO XX
3. NAME OF DECEASED (Type or print) Sevyge / 1/1/1/am	Dilley DEATH Novi 2 1958
5. SEX Market 6. COLOR OR RATE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Ost birthday Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	July 2, 1881 77 yrs. STRY II. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY:
during most of working life, even if retired)	
Retired Freight Conductor 13. FATHER'S NAME	Maryland USA
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Unknown NFORMANT Address
(Yes, no, or unknown) [If yes, give wor or dates of service]	16 N. D. 2
	s Mary M Duley Glenndale, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	Umenus Carth
Conditions, if ony, which gove rise to immediate (b) Emphy Sela	na glase
couse (a), stoting the <u>under-lying</u> couse lost.	V
Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
491X	PERFORMED? YES NO
CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work Ot wark	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State) clory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. Zna	Ey 1950, to mil. 2, 1958, that I last saw the deceased
olive on 200. 1 1958, and that death	1 1000
10 2	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE & AME TANY	MD KED BONIE hd 11/2K
PHYSICIAN'S H. James Rut.	2 R D D Bowie, Maryland.
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stole)
REMOVAL (Specify) Nov 5, 1958 Ft Lincoln ((5,0,0)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F Gasch's Sons Hyattsville, Mary	MOU a uso



Poge

death.



FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your established to prove the DIRECTO Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Alth, or its designated agent, prior to burial, cremation, or removal, and in agreevent within 72 hours after death.

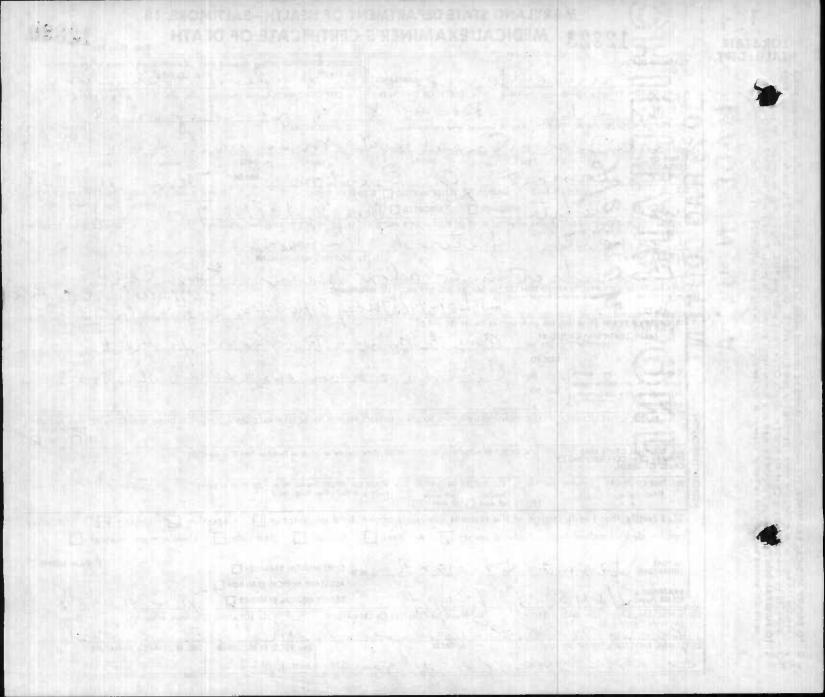
VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12823

12820 Reg. Dist. No

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
	°	o. COUNTY Prince Genzowkyland	o. STATE Mayland b. COUNTY Jam Jeorges
	b	C. CITY OF TOWN (II autside corporate limits, write RURA C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	-	Cond find nearest town) Che everly telescherous	X of Samuel and a constant
1	1	NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
79	1	The so Chentier Co. o. Other	missoziri avenue YES TO NO TI
' /	3. I	NAME OF Past Middle	A Last 4. DATE Month Day Year
		DECEASED (Type or print)	OF _
	5. S	orrest y	DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
	-	hall widowed Divorced	A 3 - 1 CC / lost birthdoy! Months Days Hours Min.
	100	I. USUAL OCCURATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	Y 11. DRTHPUACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	d	during most of working life, every's retired)	12. CHIZEN OF WHAT COUNTY
	12	FATHER'S NAM	Johnson 4. J. Q
	13.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	14. MOTHER'S MAIDEN NAME
	16	WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO.] 17, INF	mary rendall
	Yas,	WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INF	ORMANT 56Addiess allerton 14/2
1		ho 1 219-01-1961M	en & Hodges; washit 23, DC
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BYWEEN 'ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	sesting heart failure
		442X DUE TO	
		Conditions, if any, which) (b)	orallo reskliche esto
		gave rise to immediate cause (a), stating the underlying DUE TO	
		couse fast. (c)	
	3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	3		PERFORMED? YES NO
	CERTURIC	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Ent.	ter noture of injury in Part I or Part II of item 18.)
	9	CAUSE OF DEATH.	
	3		OF INJURY (Home, form, 120f. (City or tawn) (County) (State)
	MEDICA	Hour o. m. While Not while at work of work	y, street, office bldg., etc.)
		21. I certify that I took charge of the remoins described above	e, held on Autopsy . Inspection . Inquiry , ond in my
		opinion death resulted from: Notural couses . Accident	, Suicide , Homicide , Undetermined monner
			, Solicide [1], Homicide [1], Onderermined monner [1]
		ACTUAL DOON IN HOUSE	CHIEF MEDICAL EXAMINER T
5		SIGNATURE SUV OF SIGNATURE	M.D. CHIEF MEDICAL EXAMINER
0		EXAMINER'S NAME (Type) SIAMOS T BANG	DEPUTY MEDICAL EXAMINER OF THE STATE OF THE
	220	BURIAL CREMATION, 22b. DATE THEREOF 22 NAME OF CEMETERY OR C	F 100 4 1 1 1 1 5 P
		REMOVAL (Specify)	REMATORY 22d. LOCATION (City, town, or county) (Stote)
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
		2 2 2 1/6/- 2 1/1	
-		remmer 1200 /001- 20 Hal	e Ry DATE HOV 1 3 '58 arthur & Kinus
		Trast De	



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12797 CERTIFICATE OF DEATH Reg. Dist. I	12821
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence become o. STATE b. COUNTY Prince	Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
Hyattsville, Md. 60 years / Hyattsville, Md.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4209 Jefferson St d. STREET ADDRESS 4209 Jefferson St,	e. IS RESIDENCE ON A FARM? YES NO XX
3. NAME OF First Middle Last 4. DATE Month OF	Day Yeor
(Type or print) Julia K. Ervin DEATH November	7, 19 58-
Dog 25 1976 lost birthdoy) Months Day	EAR IF UNDER 24 HRS.
Temale white widowed Divorced Dec 25, 1876 82 yrs.	
during most of working life, even if retired)	OF WHAT COUNTRY
Housewife Own Home Washington D. C.	A
13. FATHER'S NAME	
Charles Weeks Sarah Catherine Webb	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT J. Dallas Ervin Hyattsville, Md	1
No I Hone	
	NTERVAL BETWEEN
IMMEDIATE CAUSE (o)	10/00
Hold, d DUE TO	
Conditions, if ony, which gove rise to immediate (b)	
couse (o), stoting the under- lying couse lost.	
, (c)	19. WAS AUTOPSY PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 Of work	(Stote)
21. I certify that I attended the deceased from 1998 to 11 - 7 , 1999 What I last	saw the deceased
alive an 11-5, and that death accurred at M. M. from the causes and on the	
ADDRESS (Street_city) or fown, stote)	DATE SIGNED
SIGNATURE JUM AND M.D. SYNCHOLING M.D.	01.
PHYSICIAN'S Dr Leonard Hays (Hyattsville, Maryland.	
220. BURIAL, CREMATION, Page 220. Date thereof Removal (Specify) Removal (Specify) Nov 10, 1958 Mt Olivet Cemetery Washington D. C.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNA	
F. Gasch's Sons Hyattsville, Maryland. DATNOV 1 0 '58 arthur S. Kro	TURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	ARTHARD STATE OF ARTHURING STATE COLOR TO STATE COL	M74 FETTER BUILDING
	CERTIFICATE OF DEATH THE CHILD	

		A DESCRIPTION OF THE PROPERTY
		sites at a zero de la

director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital ar attending physician. TO FUNERAL DIRECTORY after this certificate has been signed by the attending physician and campletely filled in by the fuy page 3 shauld be dely led for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death.

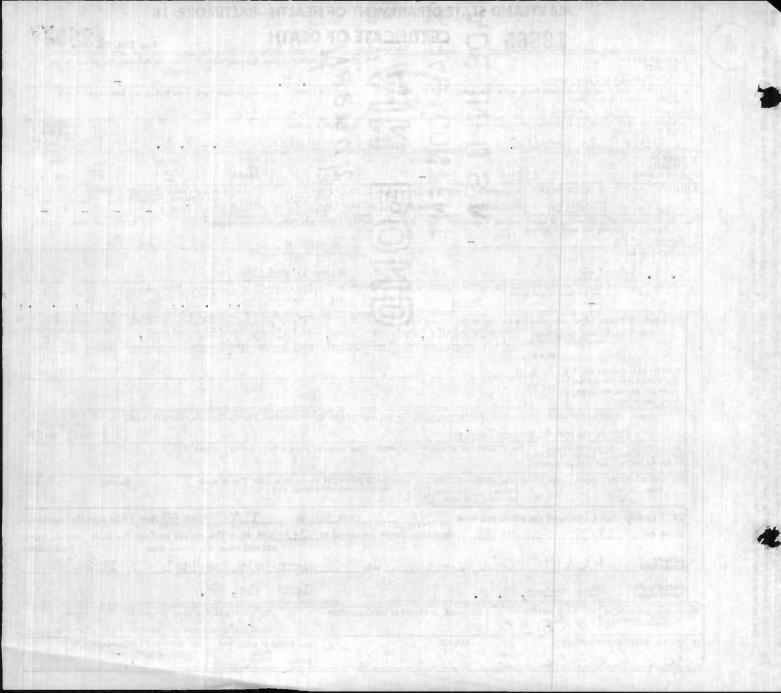
VS A15 (4) 15M 10/57 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12865 CERTIFICATE OF DEATH

Reg. Dist. N12822

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
Prince Georges MARYLAND	D. C. STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares! lawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Glenn Dale (rural) 19 days	Washington 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Glenn Dale Hospital	3451 17th St., N. W. ON A FARM?
B. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print) Alice -	Finley DEATH 11 28 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. PATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	11/3/93 Or Cost birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	
Housewife -	Alabama USA
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F. L. Fossick	Mary O'Reilly
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Information secured detinough Chest Clin
No of unknown) (If yes, give war or dates of service) None	INFORMANT Information secured through Chest Clinth and Upshur Sts., N. W., Washington, D. C.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	y Miss Myer, Public Health Nurse INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Pneumonitis, rig	ht lung, etiology undetermined. ONSET AND DEATH
1192 X IMMEDIATE CAUSE (o) WITH SECONDATY	enfection bullous cyst
DUE TO	0,50
Conditions, if any, which) (b)	
gove rise to immediate DUE TO	
couse (o), stoting the <u>under-</u> lying couse lost.	
, (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
- 440	PERFORMED?
	YES NO V
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. P While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that I attended the deceased fram. 5/9	
alive on 17/27 19 58 and that deat	h constant of 70 of 50 to 1
dive on 17.50, and that dear	h accurred at 12:15AM, from the causes and on the date stated above
ACTUAL MAN MAN	ADDRESS (Street, city ar town, state) DATE SIGNE
SIGNATURE	M.D. Glenn Dale Hospital 11/28/58
PHYSICIAN'S	Clean Dele Wi
PHYSICIAN'S Moe Weiss, M. D.	Glenn Dale, Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d_LOCATION (City, town, or county) (Slote)
REMOVAL (Specify) 11/28/58	Jusces hear 100
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1. 1. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The / 1/11: 0 d 2001 1/4	NEC 2 '58 0 2 4
1. A. H. Mars Co. 2901-14 s	CI-N-W. DATE DEC - COMMING S. MOUR



CERTIFICATE OF DEATH 12866 Reg. Dist. No rector. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY eq b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Kent Village d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? 7204 Hawthorne Street YES NO S NAME OF Middle DATE Year DECEASED (Type or print) DEATH 195 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Days Months WIDOWED S 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, eyen if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DE PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO erlosclerolle Canditions, if ony, which permit gove rise to immediate **DUE TO** caese (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY I Hame, form, 20f. (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc. While Not while of work of work . 1925, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred dt .M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ő ACTUAL should PHYSICIAN'S NAME (Type) FUNER 3 22of BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) poge REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR anthun & Knows VS A15 (4) 15M 9/58 DATE NOV 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		a first of the same	Colored Seel Street 1.72
	en branco de la companya de la compa		
		ASTA CALL	
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FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far yaures. TO FUNERAL DIRECTO Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of this, or is designated agent, prior to burial, cremation, as removal, and in any exent within 72 hours after death.

VS A15ME 5M 2/57

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12824 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12824

Reg. Dist. No

		LACE OF DEATH PRINCE & CORGE LOUNTY ANNE ARUNDEL MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE D
	Ь	CITY OR TOWN (If outside corporate limits, write BURAL and give nearest foun) LAUREL C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PHILADELPHIA 75 x 3
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 1015.415 T. S.T. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	- 1	NAME OF DECEASED Type or print) Recommend	Flood 4. DATE Month Day Year PLANTH 10 - 1958
	5, S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. WIDOWED DIVORCED	DATE OF BIRTH MAY 4, 1904- 9. AGE (In yours light Days Hours Min.) Months Days Hours Min.
	10o.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY OF THE POLICE CITY POLICE	
1	13.	FATHER'S NAME TOSEPH FLOOD	14. MOTHER'S MAIDEN NAME ANNO SWEENEY
			FORMANT CSE74 R. FLOOD-3008 N.24 D-Howardows
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) URE TO Conditions, if ony, which) (b) Covange Death Ocale	interval between onset and death
	7	gave rise to immediate couse (a), stating the underlying Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY
2	ICATION		PERFORMED?
	CERTIF	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Port I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at work of otwork	E OF INJURY (Home, form, 201. (City or town) (County) (Stole) ry, street, office bldg., etc.)
		21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes . Accident	
		ACTUAL SIGNATURE Willia Vgovith	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
2		EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER 11-11-58
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CASSELVAL	CREMATORY 22d. LOCAHOMO(City, town, or county) Penn, (Stote)
	23.	Tarley Juneal Home Catonard	1246. REC'D BY REGISTRAR 246. REGISTRÂR'S SIGNATURE DANOV 1 7 '58 Orthury & Kraus

TO A LINE	FOR SOUTH		MEDICAL EXAMINER	1282E
	Ge : T		d all all all all all all all all all al	THE CONTRACT OF THE PARTY OF TH
	SELLER			
	art Aff	Name of the last	Language Company	
	The Party			
	100	. E 42 1		
	1/2 / / / /			- 100 Nr - 100 m
		TO PAY	A SECTION OF THE PARTY OF THE P	CHARLES STORY

1 1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	4000
+		12867 CERTIFICATE OF DEATH	12825
A Sign		Reg. Dist	
Page direct	C	PEROE OF DEATH C. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence of County b. COUNTY b	before asmission)
f (M)	2	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b X c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest lown)	ve nearest town)
e maga	2	Weligan kif Hele. Michigan Gart Hil	es
by the d 2 sho	2	d. NAME OF HOSPITAL (If not in hospital), give street address) of INSTITUTION 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	e. IS RESIDENCE ON A FARM? YES NO
illed in		NAME OF DECEASED (Type or print) Galma Middle Gallo DEATH 11/24/58.	Day Yeor
d within the letely f	4	A THE STATE OF THE	YEAR IF UNDER 24 HRS. Days Hours Min.
L comp	100		EN OF WHAT COUNTRY?
ion and carbon after de	12	FATHER'S NAME BLAND B	1,4001
iffica hysic nave naurs	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. JUFORMAN Address	evoca
ing p e ren 72 h	(10)	1, no. or unknown) (If yes, give war or dates of service) Threshold & Sarrio - H	mse
death tendi		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN
the at hen last w		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Coronary Thrombosca	1day -
that by th t. Til		Conditions, if try, which) 11 A Less clean tree Least Descent	2
guires signed permi		gove rise to immediate couse (o), storing the under-	Smos.
ician een ansil	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
phys bhos b riol-tr	ICATIC		PERFORMED? YES NO
IAN: Tending ficote the bu	CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
PHYSIC al ar off his certi use as emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. n. p. m. 20d. INJURY OCCURRED Yhile Not while of work of wo	ounty) (Stote)
Spite the the crown of the crow		21. I certify that, I attended the deceased fram. 10/17 19.57, ta 11/24 19.58 that I is	ast saw the deceased
END he he berrio		alive on 11/12 , 19 58 , and that death occurred at 10 AM, fram the causes and an the	
CTO CTO		ACTUAL TA ADDRESS (Street, city or town, stole)	DATE SIGNED
DIRE DIRE		SIGNATURE TALLE IN VIOLET M.D. 18 70 M.J. Chiegan Charl M.E.	11/24/28
RAL should should should strange the strange should be s		PHYSICIAN'S FRANK M9, TROZZO	
FUNE Page 3	30	BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d, OCATION Copy, Park or copyright REMOVAL (Specify) Historials	e friends
5 5	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS MAR REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	ATURE
VS A15 (4) 15M 9/SS		alleys tuneral tome me DATE NUV 2 0 30	
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PIT	may be retained by the hospital ar attending physicion. • FUNERAL DIRECTOR— fler this certificate hos been sig	3 sh	gistr
HOS	SC E	age.	e Le
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4	may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR (felled in by the fune director, director,	ď.	Ē

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12825 CERTIFICATE OF DEATH CERTIF

TIME	ENT OF REALIN	-DAL	TIMORE,				
ICA	ATE OF DEATH	1		Reg. Di	st. No	128	26
	2. USUAL RESIDENCE (Who	ere decease		on: Resider			
UND	Maryl	and	b. COUNTY	Pri	nce	Geo	rges
1 1b	c. CITY OR TOWN (If or	utside corpo	orate limits, write R	URAL ond	give nec	prest town)
	W Laure	1					
	d. STREET ADDRESS					e. IS RES	IDENCE FARM?
	521	Main	St.				NO 🗌
	Lost	4. DATE	Mor	th	Do	lv '	feor
_	Garber	OF DEATH	N	OT	2		9 58
13-	B. DATE OF BIRTH		9. AGE (In years	-	1 YEAR	IF UNDE	10
	22 Nov 1958	}	lost birthdoy)	Months	Days	Hours	Min.
INDUS	TRY 11. BIRTHPLACE (Stote			12. CI	TIZEN C	F WHAT	COUNTRY?
				1	J.S.	٨	
	Maryland 14. MOTHER'S MAIDEN N	AMF			, 0 ,	o M.	
		Jean	Gibson				
17 12	NFORMANT	0 0 0 0 1 1	Add	ress			
			700	1033			
					Laure		
,	41					ERVAL BE	
ZC	ented ne	nn	Sofetos	20		l day	7
H BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1		NUTOPSY RMED?
						YES 💢	NO.
URRE). (Enter noture of injury in P	ort I or Par	t II of item 1B.)				
Oe. PLA	CE OF INJURY (Home, form,	20f. (City	y or town)	- (County)		(Stote)
100	tory, street, office bldg., etc.	'					
ou.	. 19 58 to 23	Non	10 70	that !	lest -	sur the	door
		B-mov	, 19.58	1_, mar i	IOST SC	iw the	deceasea.
eoth	accurred at 9,301		m the causes (treet, city or town,		he do		d abave.
						0,4	HE SIGNED
/			MCCENEY	M.D.			
	402	MAIN	ST	pe delle			

1. PLACE OF DEATH 0. COUNTY	MARYLAND	o. STATE Mary	Vice dilling	ved. If institution b. COUNTY	Prince		
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		a limita wasta Di			800
RURAL and give nearest town)	C. LENGTH OF STAT IN 10	c. City Ok IOWIN (II'	ourside corporar	e ilmiis, write ki	UKAL ond give n	earest town)	
Cheverly	l day	Laur	el				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS				e. IS RESID	ENCE ARM?
Prince Georges Genera	al Hospital	524	Main	St.		YES 1	
3. NAME OF First #	Middle	Last	4. DATE	Mon	ıh ı	Day Yes	00
(Type or print)	d'inn		OF DEATH			-	~
	/olf-	Garber		2.7	IF UNDER 1 YEA	23 19	10
Proceedings of the Control of the Co	RIED NEVER MARRIED	B. DATE OF BIRTH	у.	AGE (In years lost birthdoy)	Months Days	-	Min.
Female White WIDOW		22 Nov 195	_	yrs.	I		
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign coun	try)	12. CITIZEN	OF WHAT C	OUNTRY
soring most of working me, even it remed)		Maryland			U.S	Δ	
13. FATHER'S NAME	4	14. MOTHER'S MAIDEN I	NAME		0.0	0 0 72	
James N (No. 1		The months of Ministry		Gibson			
Jaco	ier .		Jean				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	·ess		
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a) (b) and (c)]				LIN	TERVAL BETW	WEENI
PART I. DEATH WAS CAUSED BY:	no to: (o)) (o)) ond (e).]			-1-	ői	SET AND D	EATH
IMMEDIATE CAUSE (a)	nomaty of	entra me	in	Sofutor	20	1 day	
15 9.3 DUE TO	0			0			
Conditions, if any, which)					10/1/2010		
gave rise to immediate							
couse (a), stating the under-							
/ (0)							
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(0)	19. WAS AU PERFORA	NED?
₹						YES X	NO.
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS OF CON	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II	of item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c, TIME OF INJURY Month, Day, Year 20d, I	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	204 (City or	townl	(Count)		451-4-1
Hour o. m. While	_ Not while fo	octory, street, office bldg., etc	:.)	iowii,	(Count)	()	(Stote)
p. m. 19 of wor	k ot work				15		
21. I certify that I oftended the deceas	ed from 22 New.	19 58 to 2	3 Morr	19 58	_,that last	saw the de	eceasea
alive on 23 Nov 1958 19		h accurred at 9,30	RAA 6	h a a a			
dive on	, and mar deen						
ACTUAL 11. Let 120.4				t, city or town,		DAIL	E SIGNED
SIGNATURE / / KING & ON C	men	M.D. ROBI	ERT S. J	ACCENEY	M.D.		
PHYSICIAN'S	0	402	MAIN S	Γ.	A DIP		
	Cenery . M.D.						
			Address of the second of the s				
220. BURIAL CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY					15	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY		N (City, Jown, o		(Stote)	
BEMOVAL-(Specify) 1/25/38	Harrisa	OR CREMATIONY Cometer	22d. LOCATIO	N (City, Jown, o	or county)	Tila	in
	22c. NAME OF CEMETERY C	OR CREMATIONY Cometer		N (City, town, o	TRAR'S SIGNAT	Tilen	in
BEMOVAL-(Specify) 11/25/38	Harrisa	OR CREMATIONY Cometer	22d. LOCATIO	N (City, town, o	or county)	Tilen	in,
BEMOVAL-(Specify) 11/25/38	Harrisa	OR CREMATIONY Cometer	22d. LOCATIO	N (City, town, o	TRAR'S SIGNAT	Tilen	in.

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FOR STATE HEALTH DEPT.

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your respect to FUNERAL DIRECT. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board and or its designated agent, prior to burial, cremation, ar removal, and in any event within 22 hours after death.

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12826 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1	9	0	2	14
Rea.	Dist.	No	,60	0	4	3

•	7, 1	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0	COUNTY Prince Georges MARYLAND C. STATE Waryland 6. COUNTY Prince Googs.
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Cheverly illed on anne 25 Timerdal
	9	MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
7		Truce Georges General Hospilat 5415 Guentaria IT VES NO DE
		IAME OF First Middle Last A. DATE Manth Day Year
-		Type or print) Kenneth, Leon arrival DEATH War 9 1958
	5. S	fresh hirthday)
	7	uale what WIDOWED DIVORCED Man 27, 1934 24 yrs. Months Days Hours Min.
1	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)
		Trender Truling Lestrect of Coluber te. J. a
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		max gordon Thelma meade
	15. (Yes.	WAS DECEASED EVER IN U. SJARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. 07 Uningway) (1) yes, gind for or doles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT
		no mately gordon wash I ? The
9		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
v		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhoge and Shock
		823X DUETO 7
		Conditions, If any, which) (b) tracliere of frage of speech
		gave rise to immediate cause ((a), stating the underlying DUE TO
		cause lost. (c)
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	CATION	YES NO IN
	CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY D'or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
		CAUSE OF DEATH. Where I aulo that ran It round any struck a per
	KAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 12th. (City ar lawn) (Caunty) (Stote)
	MEDI	green o. m. 11 - 9 195 8 at work of work White Rel Westland P. 7 Med
И		21. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my
		opinion death resulted from: Notural couses . Accident . Suicide . Homicide . Undelermined monner
		SIGNATURE ON A.D. CHIEF MEDICAL EXAMINER D
		ASSISTANT MEDICAL EXAMINER .
,		EXAMINER'S AMES L. 13 11 Cd DEPUTY MEDICAL EXAMINER ON 9, 1958
	220	BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caunly) (Slote)
		Burial nov 12, 1958 Fort Lincoln Cemetery Colmar Manor, Md.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		F. Gasch's Sons Hyattsville Maryland. ONEV 1 4'58 Cirlun S. Known

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VS A15 (4) 15M 9/55

MARYLAND	STATE DE	PARTMENT	OF HEALTH-B	ALTIMORE,	18

ı	IVI AND BA	IND STATE DELTARIT	MEINI OI HEALIN-	oralimone, io	
Į	128	68 CERTIFIC	ATE OF DEATH	R	eg. Dist. No. 12828
	1. PLACE OF DEATH PRINCE	GEORGE MARYLAND	2. USUAL RESIDENCE (Where do o. STATE)	ceased lived. It institutions	Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, BURAL and give nearest fown) ANDREWS AF BAS	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RUR/	AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give	ANI) REWS	d. STREET ADDRESS / 5846 26	B AVENUE	S.E. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) STEPHO	EN MARTIN		ATE Month OF DEATH NOVEM	BER 18 1258
	MANIA	MARRIED NEVER MARRIED NIVORCED	8. DATE OF BIRTH NOVEMBER 18		UNDER 1 YEAR IF UNDER 24 HRS. Sonths Doys Hours Min. 20
	10o. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	ne 10b. KIND OF BUSINESS OR INC	USAFHOSP AN		12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME JAMES M	Gossen		T.	SANDERS
-	15. WAS DECEASED EVER IN U. S. ARMED FORCE: Yes. no. or upknown (If yes. give wor or dofas of service)		INFORMANT THE FATHER - 58	MES MADDEN	OSSEN VE S.E.
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	ausxia		INTERVAL BETWEEN ONSET AND DEATH
	761,5 DUE TO Conditions, if ony, which (b)	Prematerite			
	gove rise to immediate couse (a), stating the under-lying couse last.	Abruftio 1	Placentae		
1	PART II. OTHER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH B	ut not related to the terminal c	DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I	or Part II of item 18.)	
	ZOc. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED 20e. White Not white of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	f. (City or town)	(County) (State)
	21. I certify that I attended the d	37	1958 , to 18 th occurred at 735 P.M.		hat I last saw the decease d on the date stated above
	ACTUAL Mauri A.	Eigen	M.D. USAFH	ESS (Street, city or town, sto	10) 18 NIV 38 DATE SIGNE

MARVIN S. EIGER, CAPT, USAF (MD) ANDREWS AFBASE, WASh. 25, D.C.

(Stote)

220. BURJAL, CREMATION, SEMOVAL (Specify) 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY NATIONAL 22d LOGATION (City, town, or county) HELINGTON

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS 816

24a. REC'D BY REGISTRAR DANEY 2 1

24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Frince Georges Maryland	Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) Hillside c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give necrest town) Hillside	mins, write kokhe one give nearest lowing
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 1222-64th Ave., 1222-64th Ave.,	e. IS RESIDENC ON A FARM YES \(\) NO
3. NAME OF First Middle Lost 4. DATE OF (Type or print) MOLLIE ELLEN HALE DEATH N	Month Doy Yeor ovember 3rd, 195
5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH los los Penale White WIDOWED DIVORCED Feb.16th, 1868	GE (In years IF UNDER 1 YEAR IF UNDER 24 If birthdoy) Months Doys Hours Mi
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Virginia	12. CITIZEN OF WHAT COUNTY
13. FATHER'S NAME Frank Brooks 14. MOTHER'S MAIDEN NAME Mirah Davis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Lee Hale, 534 Lebaum St	Address S.E.Wash.DC
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Was explained from the country of the country	INTERVAL BETWEEN ONSET AND DEAT

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		ouse per line for (o), (b), and (c		INTERVAL BETWEEN ONSET AND DEATH
PARI I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1 Comorest	we sear forther	- 6 mar
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	fony, which) (b	(elhero,	reliever. coronar en	erie 10 yrs
gove rise to couse (o), stoti				
lying cause lo				
5			EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY	OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF IN Hour o. I	m. 10	20d. INJURY OCCURRED While Not while of work 1	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stole)
21. I certify	that Lattended the	deceased fram 1 9	53, 19, to now 9 7193	Z,that I last saw the decease
olive on	NOV. 33	19.56 and the	t death accurred at 5:45A. M. from the causes	

requires that the death certificate be executed within 24 hours after death. Page the ottending physician and campletely filled hed for use as the buriol-transit TO FUNERAL DIRECTOR Poge 3 should be

Poges 1

VS A15 (4) 15M 9/55

PHYSICIAN'S John Kehoe 220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 11/6/1958

23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Chambers Company, Washington, D.C.

ACTUAL SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

22d. LOCATION (City, town, or county) (Store Suitland Rd.Pr. Geo.Co., Md.

ADDRESS (Street, city or town, stote)

24a. REC'D BY REGISTRAR

3404 Cheverly Avenue, Cheverly, Md.

24b. REGISTRAR'S SIGNATURE

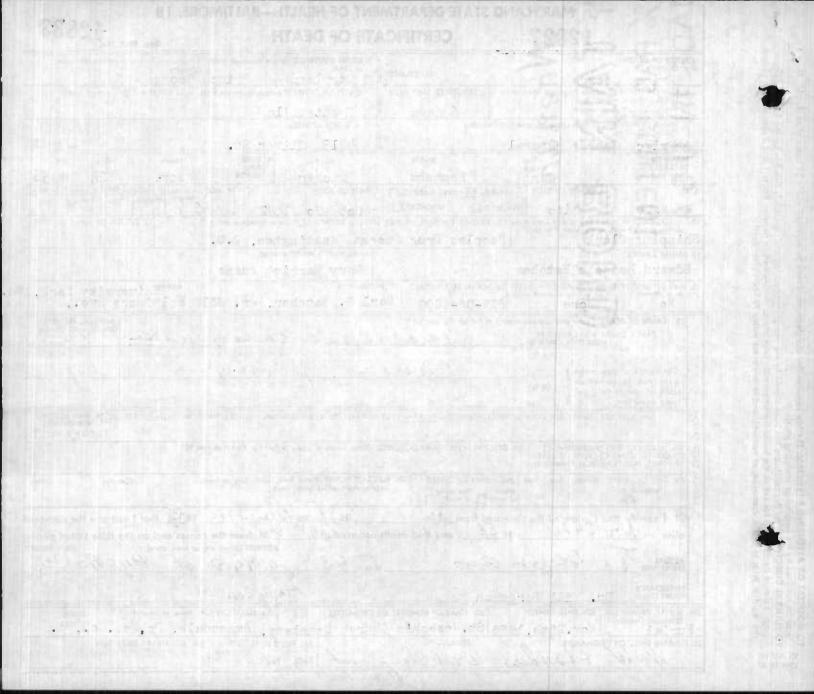
DATE SIGNED

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12827 **CERTIFICATE OF DEATH** Rea. Dist. No director. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Prince George arvland Prince George death. b. CITY OR TOWN (If autside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negres! (awn) days Hvattsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T Prince George Genera 1173 Oliver St. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH Carl Bennett Hatcher 19 58 Nove 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Min. DIVORCED | WIDOWED | 66 comple Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) Shipping Clerk Peoples Drug Stores Washington, D.C. USA puo 13. FATHER'S NAME ofter 14. MOTHER'S MAIDEN NAME Edward Bennett Hatcher Mary Harriet Adams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrewniversity Park, Md. No Carl B. Hatcher, Jr. 6312 Baltimore Ave., None 577-05-5300 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cury DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), sloting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES P NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) foctory, street, affice bldg., etc.) o. m While Not while at work at wark 21. I certify that I attended the deceased fram that I last saw the deceased and that death occurred at 9 ${\cal P}_{\cal M}$, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 0 PHYSICIAN'S FUNERAL NAME (Type) Bergeman BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) St. Josephis Church Cemetery. Ammendale, Pr. Geo. Co., Md. Nov.28th.1958 Buria 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) NOV 2 8 '58 5801 nanches 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12828 CERTIFICATE OF DEATH

12834

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RUBAt and give nearest town) られべらす d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF 4. DATE Middle Month Day Year DECEASED (Type or print) DEATH 19 / 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Min. WIDOWED IN DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Vn When CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) Month, 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Q. fl. While Not while at wark at work p. m. 21. I certify that I attended the deceased from, 1925 that I last saw the deceased and that death accurred at M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22d. LOPATION (City, town, or county) 22c. NAME OF CEMETERY OF CREMATORY [State] EMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE AODRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR arthur & Trays

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Carlotte Anna

VS A15 (4) 15M 10/57

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director,	M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12829 CERTIFICATE OF DEATH

12835

THOM.	J				• •		Reg. Di	st. No.	
1. PLACE OF DEATH o. COUNTY Prince Geor	CAS	MARYLAND	2.	USUAL RESIDENCE (Vo. STATE	Where decease	d lived. If institu	Y		
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (IF		prote limits, write		ive neare	
Cheverly		5 days		Burtonsv	:114		15 X	2	
d. NAME OF HOSPITAL (If not in haspital, g OR INSTITUTION		oddress)		d. STREET ADDRESS			7-11-		IS RESIDENCE ON A FARM? YES NO W
Prince Georges Gener		ospital	_1						LIS [] NO BO
NAME OF Fir DECEASED (Type or print)		Middle		Hild	4. DATE OF DEATH		onth on one	Doy	Yeor 19 58
SEX 16. COLOR OR RACE	7. MADD	IED NEVER MARRIED	R D	ATE OF BIRTH		9 AGE (In year		1 YEAR IF	UNDER 24 HRS
White	WIDOWE	D DIVORCED	1	5/18/83		9. AGE (In year last birthday			Hours Min.
d. USUAL OCCUPATION (Give kind of work during mast of working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stat	e or foreign o	country)	12 CIT	IZEN OF	WHAT COUNTR
Meat Supply		Meat		Hungar	y		T	Inite	d States
FATHER'S NAME			14	. MOTHER'S MAIDEN				711200	C DUADO
John Hild				Not Avai	lable				
. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFOR	MANT		Ac	dress		17 6-1-A
Yes, no. or unknown) (If yes, give war or dates of s	ervice)		Fra	oces Hil	d a	ddress s	ame		
18. CAUSE OF DEATH [Enter only one co	use per lin		A	411				INTER	VAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	m	motorolu	al	moulker	a las	_		ONSET	AND DEATH
111111		1	70	1111		3		-	
1442 DUE TO	7,0	0 -		0//	0				
Conditions, if ony, which gove rise to immediate	w	umya		1	1	10			
cause (o), stoting the under.	C	andio V	as	enlar 1	Genal	Dho	saise		
		ONTRIBUTING TO SEATH BE	NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION C	IVEN IN PAR	T 1(o) 19.	WAS AUTOPSY PERFORMED?
Prostatic My	Ron	broth (1)	les	ugn -				1	ES NO
PART II. OJHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING DICAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE NOW INDRY OCCURR	RED. (Er	neture of injury in	Port 1 or Por	rt II of item 18.			
20c. TIME OF INJURY Month, Day, Yes Hour o. m. p. m.	or 20d. IN	JURY OCCURRED 20e. F	PLACE	OF INJURY (Home, for	m 20f (Cit)	v or town)		County)	(State)
Hour o. m.	While	_ Not while f	actory,	street, affice bldg., e	tc.)	y or 10411)	,	-contry)	(Sidie)
p. m. 19	of wark								
21. I certify that I attended the	decease	ed from 10/21/58		_, 19, ta	1/14/5	8 19	that I	last saw	the decease
alive on 11/14/58	. 19		h acc	curred at 12:5	OAM, from	m the causes	and an t	he date	stated abou
[1 - A	0	7/2	-	0		treet, city or tow			DATE SIGN
SIGNATURE OMS D	Das	smooth M	120	- 9/	3-	19 8	x. 2	- 2/	11/14
PHYSICIAN'S LOUIS, B.	BA	CHRACK	11	1.D 2	bosh	ington	8	C	
REMOVAL (Specifi)	1958	Low Cemetery	OR CRI	EMATORY LY	12d. LOCA	TION (City, town	(lo	Mo	(Stote) Wylane
FUNERAL DIRECTOR'S SIGNATURE	North Control	ADDRESS	,	24a. REC	'D BY REGIS	TRAR 24b. REG	GISTRAR'S SIC	SNATURE	0
A. arthur Wallers,	540	Tarrall De Ne	N	OC DAVEY	1 7 '58	anti	un 8 th	aud	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MALYLAND STATE DEPARTMENT OF REASTRUS GLADINGSE. TO
16831	CERTIFICATE OF DEATH.
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A COLUMN	Carried Charles & Co. 1 Sept 11 and 12
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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12830 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12837

Reg. Dist. No.

			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	0	COUNTY PINCE SERGIO MARYLAND	o. STATES DO O - O - O - O - O - O - O - O - O -
	b	CITY OR TOWN (If oulside corpognic linis, write RUSA) C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If author corporate limits, write RURAL and give nearest lawn)
		and give rearful town)	Washingtone 117x 3
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital-give street address)	d. STREET ADDRESS e. IS RESIDENCE
9	1	Variate Granage Sin 11800	642 Sheet - M. W. YES NO
	2 6	frma jer ga jen grap	
		Nhale OF DEGEASED Middle	Lost 4. DATE Month Day Year
	-	Type or print) Ceverand 19	nes DEATH // OV-6- 1858
	5. S		DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.
	V	Male Col- WIDOWED DIVOREED []	8-15-94 64 45.
	10a.	. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY luring may be working life, even if retired)	11. BIRTHPLACE (Stote or loreign country)
		CO-012 VI-18-	reorgia 11-5-G.
	13.	FATHER'S NAME	14. MOTHER MAIDEN NAMEN
		Charles James	Some Jackson
		WAS DECEASED EVER IN U. S. APMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	ORMANTA Address
1	1Yea	m or unknown) 111 yes, give fed or dotes of service) 253-20-0755	Willy Mr. Janes and allen
.)		The CALLES OF DEATH (Sales sale age come par line for (a) (b) god (c)	INTERVAL BETWEEN
	1	(8. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (0) Areste Cons	gestire hear failing
		44 de DUE TO	
	3	Conditions, if ony, which) (b) (anotherns cul	ar renal disease
		gove rise to immediate couse (a), stating the underlying DUE TO	
		couse lost. (c)	
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
0	CATION		YES NO
	100	20g. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED. (Entitle 1997)	ter nature of injury in Part I or Part II of item 18.)
	CERTI	PRIMARY OF ONTRIBUTING CAUSE OF DEATH.	
	3	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 120f. (City or town) (County) (State)
	MEDICAL	Hour o.m. While Not while factory	y, street, office bldg., etc.)
	2		
		21. 1 certify that I took charge of the remains described obove	
		opinion death resulted from: Natural causes X, Accident	. Suicide, Homicide, Undetermined manner
		1 - DAN D	DATE SIGNED
		SIGNATURE SOMM TO Algorey	M.D. CHIEF MEDICAL EXAMINER
^			ASSISTANT MEDICAL EXAMINER 1/-6-58-
2		NAME (Type) DOHN T. MALONE H M.D.	DEPUTY MEDICAL EXAMINER .
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CO	REMATORY 22d. LOCATION (City, town, or county) (State)
		Burial 11/12/58 Arlington Nat	
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	17	nt mer Tine 120 4 St. N.E.	DATE: 01/2 0/20
		1 to coshing to	DATENOV 1 0'58 Contray S. Travel
		2 Chronia dec	U.C.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the world "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward. To the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for year to Funeral DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or within ar its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS. A15ME BM 2/57

HEADY TO STADRIERS CEREBICATE OF PEACH motential gretemed, tell horestire sold[vil leited .c. 1, 10 g sik

VS. A15ME 5M 2/57

12838

Reg. Dist. No.

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Prince aggres MARYLAND	o. STATE COUNTY JA CO Carres
b. CITY OR TOWN (If outside corporate fimit) write RURAL c. LENGTH OF STAY IN 1b ,	c. CITY OPTOWN (If outside corporate limits, write RURAL and give nearest town)
Branch Lesson Alead on arriva	1x Sharpergo vallo
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	A. STREET ADDRESS e. IS RESIDENCE
Dr. Nobyn Office	RF.D'z Box 70 Walder Merres NO D
3. NAME OF DECEASED (Type or print) Delevela and	Jones 4. DATE Month Doy Year DEATH TOTHER DOY 100 B
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18	
Family Calored WIDOWED DIVORCED []	march 25, 1958 hour birthday) yrs. Months Day Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Uone	marglend 4.5.a
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry 1 Lernord Jones	Tury Clever Munson.
15. WAS DECEASED EVE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. M (Yes, no. or unknown) (Ryes, give wor or doles of service)	NFORMANT Address
Mi him &	terry Tollowar Dame as = 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
1491 X DUE TO	Jacobson
Candidan Manus Ald N	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ATT	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	infer nature of injury in Part II at item 18.)
206. EXTERNAL CAUSE WAS PRIMARY OF OCCURRED OF CONTRIBUTING CAUSE OF DEATH.	not need of many in total and real res.
	CE OF INJURY (Home, farm, 120f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factor of work of the p. m. 19 at work of the p. m.	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ve, held on Autopsy V. Inspection V. Inquiry V. and in my
opinion death resulted from: Natural causes . Accident	. Suicide . Homicide . Undetermined manner
SIGNATURE CO.	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
-5	ASSISTANT MEDICAL EXAMINER
NAME (Type) AMES I 1304	DEPUTY MEDICAL EXAMINER & Nov 9, 1958
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME O COMETERY OR	CREMATORY 22d, LOCATION (City, town, or county) (State)
Burra 1 11-11 - 58 ST. Marys	Miscataway, Md-
23 OVERAL DIRECTOR'S SIGNATURE K. QUI ADDRESS 4 33	9 240. REC'D BY REGISTRAR 246. REGISTRAR'S SCHATURE CIVILING S. MINING
Muntal	n.E. DATENOV 1 2 '58 Chilling J. Mans
2077339XVI	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12873 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12839

en Dist No

	Keg, Dist, IV.
1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Washington, D.C COUNTY
b. CITY OR TOWN [It outside corporate kimits, write BURAL and give nearest lown] Accokeek Transient	c. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest lawn) Washington
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) Gardiner Road	d. STREET ADDRESS L124 3rd Street e. IS RESIDENCE ON A FARM? YES \(\subseteq \) NO \(\subseteq \)
3. NAME OF DECEASED (Type or print) Bob Led	King Lost A. DATE Month November 11 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. Widowed Divorced 100. USUAL OCCUPATION (Give kind of work done during most at working life, even if refired) Tanoxar	April 28, 1940 18 yrs. Months Days Hours Min.
Laborer Farm 13. FATHER'S NAME Oscar R. King	14. MOTHER'S MAIDEN NAME Emma Pruett
	ma King (Mother) Salem Va.
gave rise to immediate cause (a), stating the underlying cause last. (c)	of related to the terminal disease condition given in Part 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART NO PART 100 PART
CAUSE OF DEATH. Occupant of an aut 20c. TIME OF INJURY Month, Doy, Year Haur a.m. 11:20m.PM 11/10/58 of work	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER November 11, 1958
220. BURIAL (REMATION, 22b. DATE THEREOF Sherwood Buria. 23. FUNERAL DIRECTOR'S SIGNATURE 22b. DATE THEREOF Sherwood Buria.	1 Park Salem Va.
F. Gasch's Sons Hyattsville, Md.	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OV 1 4 58 Outling & Krous

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your 5.

TO FUNERAL DIRECTO, at age 3 should be used as a burial-transity permit. File pages 1 and 2 with the State Board at this, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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4.5V	eales.	Fig. Est	THE HOUNTEDS	11.15/18	C street
			To attend	ereil neron	212023

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for yayr tes.

TO FUNERAL DIRECT APPAGE 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Alth, or its designated agent, priar to beriaf, cremation, ar removal, and in any event within 72 hours after death. 腿 I VS. A15ME

5M 2/57

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FOR	STATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12831

		No.1	9	8	40
Reg.	Dist.	No.	fw		A **

1,	PLACE OF DEATH) 2. USUAL RESIDENCE (Where deceased liyed. If institution: Residence before admission)
	O. COUNTY O. STATE MARYLAND O. STATE Manylound 6. COUNTY C. C. C.
T	CITY OR TOWN II outside corporate limits write RURAL and give hearest lown)
	and give nearest love) (La enventure) X Gless Doll
	I. NATHE OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	Cans There is Gen Hom / Worthern Coverne VEST NOT
3	Notice of
	DECEASED TO OF
5.	The state of the s
1	AR
10	Wall Wildowed Divorced 12-30-33 24 yrs.
	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Mechanic Rue-generalors Waryland 9.5 Ci-
13	-FATHER'S NAME 14. MOTHER'S MAIDEN MAME 1. 1. 1. 1.
	Expert Talt Typell Trances Elizabeth South
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
	Jes. 1954-57 214-30-2143 Donna Jon Rivett-Samadous
	YB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Hemory has se & shock
	823X DUE TO
	Conditions, if any, which) (b) Fracture or stall
	gave rise to immediate cause
	(a), stoting the underlying (c).
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
ATIO	PERFORMED? YES NOTE
S	
CERTIFICATION	PRIMARY DOG CONTRIBUTING [
	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
MEDICAL	Hour while Not while foctory, street, affice bldg., etc.)
Z	14.30 p.m. 11-10-1958 at work at Highway Turkdale - M. Sep - Wide
	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection . Inquiry . and in my
	opinian death resulted from: Natural couses . Accident . Suicide ., Hamicide ., Undetermined manner
	DATE SIGNED
	SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER []
	EXAMINER ASSISTANT MEDICAL EXAMINER
	NAME (Type) JOHN T. MALONEY, M.D. DEPUTY MEDICAL EXAMINER & 11-10-38
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Slote)
	Burial Nov 14, 1958 Fort Lincoln Cemetery Colmar Manor Maryland.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
	Gasch's Sons Hyattsville Maryland. DATHOV 1 4 58 Onthun S. Kraus
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		BYLAND STATE DEFATTANE MEDICAL EXAMINERS	18253
	Section Committee to the Committee of th		
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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12832 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Rea. Dist. No.

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	PLACE OF DEATH a. COUNTY a. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY c. STATE
	b. CITY OR TOWN (If addide corporate limits, write RURAL) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If addide corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO ON OF THE PROPERTY OF T
3.	NAME OF DECEASED (Type or print) Lost Lost A. DATE Manth Day Year OF DEATH MATTER 1958
5.	SEX 6. COLON OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 27 9. AGE (In years loui birthday) Months Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Wash. De 7
	Frank Helvin 1 Patry Williams
15	i. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Property (If yes, give wor or dotes of tervice) 214-0/25% rounk Kleindrent-Same address
	PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause The course of DEATH (Enter only one couse per line for (a), (b), and (c)) Canditions, if any, which gave rise to immediate cause
	(a), stating the underlying DUE TO
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)
CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of wark of war
	21. I certify that I taok charge of the remains described above, held an Autopsy, Inspection and in my opinion death resulted fram: Natural causes Accident, Suicide, Hamicide, Undetermined manner ACTUAL M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
-	EXAMINER'S JOHN TO MALONEY. M.D. DEPUTY MEDICAL EXAMINER 11-15-58
	Burial CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial 11-18-1958 Mt. Olivet Cemetery Washington, D.C.
17	Talloy's Funeral Home Inc. Mr. RELLIET Md Date NOV 1 9 158

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatined for your established. DIRECT, X-Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Alth, ar its designated agent, priar to burial, cremation, or removal, and in any event within 22 hours after death. VS. A15ME 5M 2/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2874	CERTIFICATE	OF DEAT
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Reg. Dist. No. 12842

	120	4	CERTI		711	OF DEATH			Reg. D	ist. No.	IKC	うまな
1. PLACE OF DEATH 6. COUNTY Prince Geo				rland		SUAL RESIDENCE (W STATE /irginia	here decease	d lived. If institution b. COUNTY Fairf		nce befor	re admiss	ion)
b. CITY OR TOWN (RURAL and give n Andrews AF	100	ls, write	c. LENGTH OF STAY	IN 16	11	Falls Churc	300	prote limits, write R	URAL and	give ned	3 X-	3 1
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g tal Andrews		oddress)			d. STREET ADDRESS 206 Cheryl	Dr					IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir John	st	Middle A		K.	lost Lonowski	4. DATE OF DEATH	Mon Novemb		Do 7		reor 19 58
5. SEX Male	6. COLOR OR RACE	7. MARE	NEVER MARRIED DIVORCE	-		Mar 85		9. AGE (In years lost birthday) 73 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
100. USUAL OCCUPATION during most of work Restaurant	ON (Give kind of work of king life, even if retired Owner		etired	OR INDU	STRY	11. BIRTHPLACE (Store		ountry)		SA	F WHAT	COUNTRY
13. FATHER'S NAME	unknow	N			14	MOTHER'S MAIDEN	NAME					
	R IN U. S. ARMED FOR (If yes, give war or dates of s	arvice)	SOCIAL SECURITY NO.		on	MANT 20	06 Che	Add ryl Dr Fa		Chur	ch,	Va
Conditions, if a gave rise to i cause (o), stoting lying couse last.	the <u>under-</u>	Pul	monary Emb	tis		Cardia Ar				4	Day	S
CATIO	HER SIGNIFICANT CON								EN IN PA	RT 1(o) 1	PERFO	RMED?
200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yee		NJURY OCCURRED Not while	20e. PL	ACE (of injury in DF INJURY (Home, for street, affice bldg., et	m, 20f. (Cit)			(County)		(Stote)
	nat lattended the lovember egnel f EGINALD P MO	deceas , 19	58, and that	death		urred at 1.55 USAF Hosp: Washington	PM, from ADDRESS (Sital A	n the causes of treet, city or town, ndrews, A	ind an	the da	te state	
PEROVAL (Specify	ON, 226. DATE THEREO	958		AETERY C	9,		1 W	NONA	Min		(State	e))
23. FUNERAL DIRECTOR	S SIGNATURE FUNCER	AI	HOME 81	6 H	NAS	N.E. DATE N	OV 1 0		Thun 2	_ / .		

of director. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur page 3 should be described for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shows the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/S5

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	HE OF DEATH		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12875

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) COUNTY c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO T Day Year 195 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Months Days Min. 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 19.55 that I last saw the deceased and that death accurred at 1250 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, town, or county). (State)

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		THE PERSON NAMED AND PARTY OF THE PE
		N. L. V. CHELL, MATERIAL
	X 2 MAR D. W	

director, led with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTOR The haspital or attending physician.

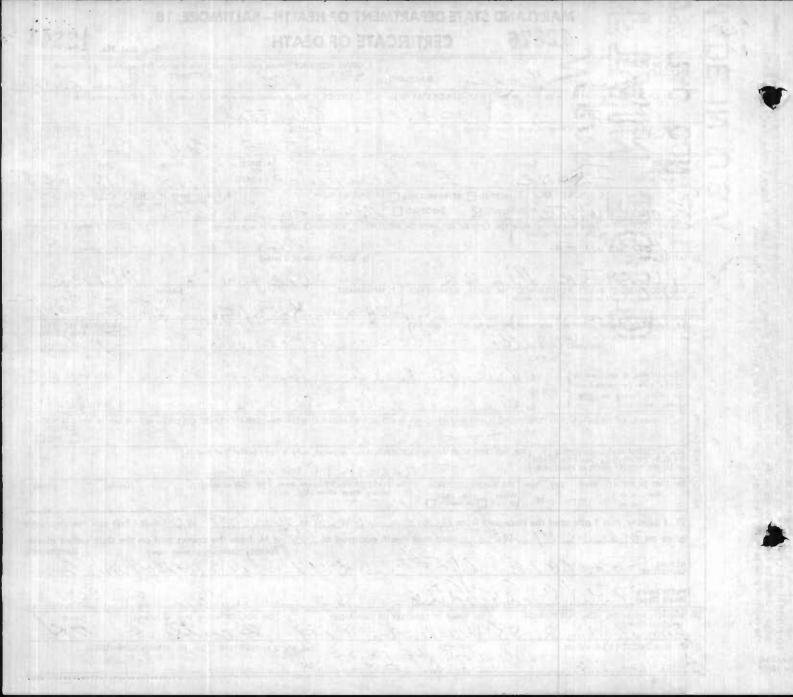
TO FUNERAL DIRECTOR The this certificate has been signed by the attending physician and campletely filled in by the fung page 3 shauld be detained for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57 00

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	12876	CERTIFICA	ATE OF DEATH	Reg. Dist. N	. 12844
	1. PLACE OF DEATH O. COUNTY Prince Skorge	MARYLAND	2. USUAL RESIDENCE (Where deceased I	lived. If institution: Residence bef	fore admission)
4	b. CITY OR TOWN (If outside corporate limits, writed c. RURAL and sive neares) town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpora	te limits, write RURAL and give n	earest town)
,	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	ress)	d. STREET ADDRESS	Box 152	e. IS RESIDENCE ON A FARM? YES NO S
	3. NAME OF DECEASED (Type or print) IRENE	E, ha	Lost 4. DATE OF OF DEATH	Month D	Day Yeor
	5. SEX 6. COLOR OR RACE 7. MARRIED FEMAle Who, Te WIDOWED	DIVORCED 🗌	mar. 10-1885	AGE (In years lost birthdoy) Months Days	R IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ID OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign could	ntry) 12. CITIZEN	of WHAT COUNTRY?
	13. FATHER'S NAME WAITER MA	RR	14. MOTHER'S MAIDEN NAME	LIA M	4RR
	(Yes, no, or unknown) [If yes, give wor or dates of service]	VIT	RAINIA K. FRY e	Route	- Boy Is
	18. CAUSE OF DEATH [Enter only one cause per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c).]	ary acceluse	ON ON	TERVAL BETWEEN USET AND DEATH
	Conditions, if ony, which gove rise to immediate	vio 5 clar	The heart de	inace 8	7116
	couse (o), stoting the under- lying couse lost. DUE TO (c)	word ar	lengsoleroza	2	sir housers
	PART II. OTHER SIGNIFICANT CONDITIONS CON				PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH	- Kal	O. (Enter nature of injury in Port I or Port II	**************************************	
	20c. TIME OF INJURY Month, Day, Year 20d. INJUI While of work	Not while fac	CE OF INJURY (Home, farm, lory, street, office bldg., etc.)	r town) (County	r) (Stote)
	21. I certify that I attended the deceased olive an Ward 17, 1950	420	accurred at / 130 AM, from	the causes and on the de	
	ACTUAL SIGNATURE Part (C. Z. Aur.	2/atto	M.D. 5-440 /26	et, city or town, state)	DATE SIGNED
	PHYSICIAN'S PAUCCIVAN	Natta	Mashing	Can 28	DC
	BULLIA 11-31-587	Washington	nath De	ON (City, town, or county)	(Stote)
1	Semnous Pres. 1661-6	ADDRESS Hope	20 SE 244 REGISTRA DATE	ar 246. REGISTRAR'S SIGNATU Ciriling S. Kraus	JRE 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12833

CERTIFICATE OF DEATH

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D FUNERAL DIRECT As: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be decreased for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shatthe registrar prior to burial, cremation, ar removal, and in any event within 72 hapts after death. may be retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	1 00	on: Residence before admission) Prince Georges
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	ulside corporate limits, write R	URAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Prince Georges General F		d. STREET ADDRESS	Caylor St.	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) James W	Middle	aughlin	4. DATE Mon OF NOV	-1 -10
5. SEX 6. COLOR OR RACE 7. MARI Male White WIDOW	RIED MEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 7/15/1890	9. AGE (In years last birthday) 68 yrs.	HOUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	KIND OF BUSINESS OR INDI	WINONA, I	LLINOIS	U.S.A.
JAMES LAUCHLIN		14. MOTHER'S MAIDEN N	AUGHLIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, give wor or date of service)	SOCIAL SECURITY NO. 17.	MRS. CECELIA	Add	RIVERDALE, MD. 5321-TAYLOR ROAD
PART I. DEATH Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave fise to immediate cause (a), stating the under- lying cause lost. (b) DUE TO DUE TO (c)	m boter rtenos	asy celes of	6 the left is heart	On. Ast.
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER				/EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCUR	ED. (Enter nature af injury in P	ort I or Port II at item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. Il While p. m. 19 While at war	Not while	LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.	20f. (City or tawn)	(County) (State)
21. I certify that I attended the decease alive an November 16	58, and that deat	M.D. 1816		and on the date stated abave state) DATE SIGNED
23. FUNERAL DIRECTOR'S SIGNATURE MOUTH NO Hypong 6	6. 1300-N 311	JN DC DATE NO	21.4 0 150	STRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12877

CERTIFICATE	OF DEATH
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12846 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: a. STATE b. COUNTY	Residence befare admission)
b. CITY OR TOWN (If autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RUR.	AL and give nearest town)
RURAL and give nearest town) Glenn Dale (rural)	14 days	Washington 4	7x-3
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	address)	d. STREET ADDRESS	e. IS RESIDENCE
Glenn Dale Host		939 R. I. Ave. N. V	ON A FARM? YES NO 1
3. NAME OF PIECE OF THE PIECE O	Middle	Last . 4. DATE Manth	Day Year
(Type or print) John	1-1	LEWIS DEATH //	2/ 1958
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE			UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	edles Dry Cle	eaners Virginia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John H. Lewis		Eliza Williams	
	SOCIAL SECURITY NO. 17.		
	78-18-3560	Decedent	
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Pulmonary hemo	orrhage	ONSET AND DEATH
DUE TO			
Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>	oulmonary tube	erculosis, far advanced	4 yrs., 6 mo
, (c)		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LITTLE ROTIFY MEDICAL EXAMINER)	es mellitus CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II of item 18.)	YES NO
A Hour a. st. While	NJURY OCCURRED 20e. I	PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the decease	ed from 11/7	1958 ta 11/21 1958 t	hat I last saw the deceased
alive an 1, 11/20 . 19 5		th accurred at 2:15AM, from the causes and	an the data stated above
1/1/1/1/1/1		ADDRESS (Street, city or town, sta	
ACTUAL SIGNATURE	11-	M.D. Glenn Dale Hospita	1 11/21/58
PHYSICIAN'S Moe Weiss, M.	D.	Glenn Dale, Md	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY		county) (State)
23-FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		AR'S SIGNATURE
Johnson & John 48	04 Theres	live Mar. DATE NAVE & 58 Gill	us S. Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 12878 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Glenn Dale (rural davs Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 123h Pleasant Street. Glenn Dale Hospital NAME OF First Middle 4. DATE Lost Month DECEASED S. (Type or print) John Livesay DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Months death. 10/20/01 Male White WIDOWED | DIVORCED TO yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore City Hospital Orderly and 13. FATHER'S NAME ö ਰੰ Joseph Livesav Hedda Ann Tench 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address 22/1-05-0823 Unknown Decedent 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pneumonia, right lung, etiology undetermined DUE TO Conditions, if any, which) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Pulmonary tuberculosis 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) Hour a. n. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from alive an ADDRESS (Street, city or lown, stote) ACTUAL Glenn Dale Hospital HOSPITAL PHYSICIAN'S

INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) . 1958 that I last saw the deceased and that death accurred at 1:15 pM, from the causes and on the date stated above. DATE SIGNED Glenn Dale. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Con **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 2 6 '58

IS RESIDENCE

ON A FARM?

YES T NO IX

Days

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Year

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FUNER, 3 NAME (Type)

22a. BURIAL CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Moe Weiss

22b. DATE THEREOF

11-25

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	Film 236 Item 18 12-1-58 ams	- 40
9	12879 Item 9 Film 1230 DEATH Reg. Dist.	12848
(1)	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE MARYLAND b. COUNTY POINCE	before admission)
70	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
00	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) NARY Middle NATH OF DEATH NOV.	Day Year 19.5
		YEAR IF UNDER 24 HRS
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 112. CITIZ 113. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 114. S. G-OUT. 115. WASH. D. C.	EN OF WHAT COUNTY
~	13. FATHER'S NAME JEREMIAH MAHANEY MARY SHEEHY	1
F)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give (Yes, no. or unispown) Iff yes, give wor or dates of service) 578-09-2038 Mas Mary Mahaney 2012	Handley K
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Netastatic Carcinoma	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) DUE TO Probably Carcinoma Right Breast	7 years
	gove rise to immediate cause (a), stating the under- lying cause lost. (This was cured by radical mastectomy)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 19 While Not while of work of the order of work 19 of	unty) (State
	21. I certify that I attended the deceased from Alia S, 19.58, to 19.58, to 19.58, that I la alive an 11.15. M, from the causes and on the	st saw the deceas
	ACTUAL M. MAN KINSCERCLE M.D. 29 GRANT CIR., NW.	base 11.
1	PHYSICIAN'S MI VAN KINSBERGEN	
	DERIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. 1947), or country Country Washing W.	(State) Of
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR 246. REGISTRAR'S SIGN	IATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12880

CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY			44.400		2. USUAL RES	IDENCE (Wh	nere deceased	lived. If institution	on: Residen	ce before	odmission)
	ce Georges		MARYL			D. C.					
b. CITY OR TOWN (II RURAL and give ne	f outside corporate limit	s, write	1 yrl 2 n	N 1b	c. CITY OR	TOWN (If a	outside corpoi	rate limits, write R	URAL and g	give meare	est town)
Glenn Dale	1 - 1		& 17 days	1000		Washi	ington	47	X = 3		
	AL (If not in hospital, g	ive street o			d. STREET					e.	IS RESIDENCE
	nn Dale Hos	sni ta	7			55 S.	St.,	N. W.			ON A FARM?
NAME OF	Fig	-	Middle		1-	nst .	4. DATE				
DECEASED (Type or print)	Alt		middle		Mara		OF DEATH	Mon 1.3		Day	Year EQ
							1			23	19 58
5. SEX	6. COLOR OR RACE	/- MARR	IED NEVER MARRIED	D B.	DATE OF BIRT			9. AGE (In years last birthday)			F UNDER 24 HRS. Hours Min.
Male	Negro	WIDOWE			5/16/			62 yrs.	-	-	
0a. USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHP	LACE (State	or foreign co	ountry)	12. CIT	ZEN OF	WHAT COUNTRY
Laborer	g, creat it territor)		. E. Cramer	· Co.	No	rth Ca	rolina	a	I	ISA	
3. FATHER'S NAME					14. MOTHER						
Antwine Ma	rable			7.50	9:1	ler Be	200				
S. WAS DECEASED EVER		FS2 14	SOCIAL SECURITY NO	17 INF	DRMANT	Tel De	arg.	Addr			
(Yes, no, or unknown)	If yes, give war or dates of se	rvice)		1				Addi	G22		
No	TH [Enter only one con		26-12-6401	<u> </u>	eceden	t		-			
PART I. DEA	DUE TO		umonia, bil		tula,	right	lung				3 days
couse (a), stating to lying cause last.) (c)	Rig	ht upper lo	bect	omy/se	gment	of rig	ght lower	rior Probe		WAS AUTOPSY
Pu	lmonary tul	percu	losis								PERFORMED?
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	Enler nature	of injury in f	Part I or Part	11 of item 18.)		Y	
20c. TIME OF INJURY Hour a. p. p. m.	Y Month, Day, Yea 19		IJURY OCCURRED Not while of work	foctor	E OF INJURY y, street, offic	(Home, farm, te bldg., etc.	20f. (City	or tawn)	(C	aunty)	(State)
21. I certify the	at I attended the	decease	ed from	2/6/5	7, 49	_, to	11/2	31958_	that I I	ast saw	the decease
alive on	12/23	. 19 5	8, and that a	leath o	coursed at	10:15/	A M from	the course o	nd on th	a data	stated above
	11	_,,,	, , , , , , , , , , , , , , , , , , , ,	acum o	cconca a			reet, city or town,		ie duie	DATE SIGNE
ACTUAL SIGNATURE	wor w	ul	/	м.І). <u></u>			le Hospit		1	1/23/58
PHYSICIAN'S NAME (Type)	Moe Weiss	M.	D.					Le. Md.			
22a. BURIAL, CREMATION	K, 226. DATE THEREO	F/	22c. NAME OF CEMET	ERY OR C	REMATORY			ION (City, town, o			(State)
REMOVAL (Specify)	11/24	158				P 1		kirk, Ma		nd	,,
3. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240 PEC'S	BY REGISTI		-		
Taby T	DP · Jac 1 A		3015-12	The or	SIF						
UNA !	MINESTC	9.4	20/3-12	2/	1/16.	DATE	10V 2 6	'58 C	Inthus 2	s. Tha	us

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White the street of the street is a				
				TANKA CHARLE
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained by the tospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funesa page 3 shauld be detaired use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2834	CERTIFICATE	OF DEAT
Programme and the second secon		

Reg. Dist. No.1285.1

	o. COUNTY Prince George		MARYLA	UND	o. STATE Maryland		ace Geor		e before d	idmission)
1	b. CITY OR TOWN (If outside corpor	rote limits, write	c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (IF				ve neares	t town)
- 1	RURAL and give nearest town) Cheverly		2 days		Landover Hi	370	4			
	d. NAME OF HOSPITAL (If not in ho	spital, give street			d. STREET ADDRESS		7		e, f	S RESIDENCE
	OR INSTITUTION	namal			4206 72nd A	17:00	1			ON A FARM?
	Prince George Ge			!						
i	3. NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Mor		Day	Yeor
	(Type or print)	Raymand	J		Mealy	DEATH		ember	9	19 58
-	5. SEX 6. COLOR OI	R RACE 7. MARI	RIED NEVER MARRIED	_	DATE OF BIRTH		9. AGE (In years lost birthdoy)			OUTS Min.
	male White				July 18 190		57 yrs.			odri imin.
	10a. USUAL OCCUPATION (Give kind of during most of working life/even if	of work done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZ	ZEN OF V	VHAT COUNTRY?
	Clerk Danlac	counting	office U.S.	In	A Was	h. C).C ,	U.	5.1	7.
1	13. FATHER'S NAME	1	// ^		14. MOTHER'S MAIDEN	NAME	13 10			
4	Michael	& me	raler		Johan	ia /	Leidy			
	15. WAS DECEASED EVER IN U. S. ARM		SOCIAL SECURITY NO.	17. JN	PORMANT		(Agid	ress		
1	NO			Ku	atherina	Maa	Ry			
-	18. CAUSE OF DEATH [Enter only	y one cause per li	ne for (a), (b), and (c).				1		INTERV	AL BETWEEN
	PART I, DEATH WAS CAUS	ED BY:	arcinomatosi				1			and DEATH
1	IMMEDIATE C	(-)	arcinoma cost	- 3					mic	7110113
	13/X	DUE TO						-	1	4.1
1	Conditions, if ony, which gove rise to immediate		arcinoma of	the	body and ta	all of	the pand	reas	6 n	nonths
-	cause (o), stoting the under-	DUE TO								
-	lying couse lost.	(c)								
1	PART II. OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING TO DEATH	H BUT N	IOT RELATED TO THE TERA	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
4	3								YE	S NO
	PART II. OTHER SIGNIFICAL 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING \(\Boxed{1} \) CAUSE OF (If EITHER, NOTIFY MEDICAL EXAM	DEATH 206. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Port	I II of item 18.)			
		AINER)								
		oy, Year 20d. I	NJURY OCCURRED 20	De. PLAC	E OF INJURY (Home, for	m, 20f. (City	or town)	(Cr	ounty)	(Stote)
	Hour o.m.	19 While	Not while	tocto	ory, street, office bldg., et	(c.)				
	21. I certify that I attende		4	14	19 15 ta 1	Vov 9	VI 10 50	that I le	net conv	the deceased
4	alive an Nov. 9.4	1 10			420	HAA E.				
	diffe dil 19 9 5 1 1 1		, and mar a	eam	accorred at	ADDRESS (SI	reet, city or town,	alote)	e dare	stated above. DATE SIGNED
1	ACTUAL 11.4	2151 61	es Mike		4314	Co 61	a Line of town,	4	1100	12 0 6
Н	SIGNATURE	- FUE	- 6-6-6	M	.D	a and	2 /	, , 67	7-7	4,0,0,0
1	PHYSICIAN'S	7				M. C		V		
	NAME (Type) Dr. Till									
	220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	22c. NAME OF CEMETE	ERY OR	CREMATORY	22d. LOCAT	TION (City, town	or county)	01	(Stote)
	Buria 11-1	4-1708	mit	Ken	et lem	1 /3la	densh	ury.	Rox	n.2.
	23. FUNERAL DIRECTOR'S SIGNATURE	10 5	SO ADDRESS?	-	a com	'D BY REGIST		STRAR'S SIGN	0 611	ash Do
	W.W. Chamber	1200	Riverda	Re	THE DATE 10) v 1 2 '58	3 an	Um 2. 7	Vialle	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filled page 3 should be decreed for use as the burial-transit permit. Then please earbon papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any even within 72 hours after death.

Prince George Co. Deputy Medical examiner notified and remains relea

VS A15 (4) 1SM 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

12882 CERTIFICATE OF DEATH Reg. Dist. No. 255 2 Reg. Dist. No. 2			'n		MARYL	AND	STATE	DEPARTM	NENT OF HEA	ALTH—B	BALTIM	ORE, 1	В			
S. SER GOLOR BRACE MARKED MARKE	Y	al,	1816		128	82	(CERTIFIC	ATE OF DE	ATH			Reg. Di	st. No:	28	52
S. SER GOLOR BRACE MARKED MARKE		spit	not	o. COUNTY	rge			MARYLAND	O. STATE	CE (Where de			n: Residen	ce before	e admissi	on)
Colling Conditions Colling C	a	0	8	b. CITY OR TOWN (If	outside corporate limit	ts, write	c. LENGTH	OF STAY IN 16		/N (If outside	corporate lim	nits, write RU	RAL ond	give near	est town)	
Address Part Lories and State Conditions (contributing of course) Name of Conditions (in the dress water) Sex No. Color or Race Name of Course Name	1	_	Xa	Oxon Run Co	ve							49x-	3			
MANGO FINI MATTER Levi MERRITT MOVEMBER DI ANGONE CONTROL COVERD Marren Levi MERRITT PART DE LOUIS MANGO FEATH NOVEMBER DI CONTROL COVERD Male White Whowed Discourse of Finith Movember 5 1958 S. SEK S. COLOGO FRACE J. MARRED DI NEVER MARRED DI DIOCRECED 2-13-32 Male White Who who Discourse of Marrian Bellow Movember 1 2-13-32 Male White Who who Discourse of Marrian Bellow Movember 1 2-13-32 Marrian Bellow Marrian Bellow Movember 1 2-13-32 Marrian Bellow Marrian Bellow Movember 1 2-13-32 Marrian Bellow Movember 2 2-13-32 Marrian Bellow Movember 3 2-13-32 Marri		Wa	F	OR INSTITUTION										e	ON A	FARM?
DOY YEST NOOME DOY YEST NOOME DOY YEST NOOMED STAND DOY NOOME		Z	Pe				on Rur								YES [NO 🗆
Male White WDOWED DIVORCED 2-13-32 26 71 Months Doys Hours Min. Warriner Henry MERRITT Warren Henry MERRITT Warriner Henry Merriner Warriner Henry Merriner Warrin Henry Merriner Warriner Henry Merriner Warrin Henry Merriner Warrin Henry Merriner Warrin Henry Merriner Warriner Henry Merriner Warriner Henry Merriner Warriner Henry Merriner Warriner Henry Merriner Anna Lucille (unknown) 15. Social Security No. 17. INFORMANT Anna Lucille (unknown) Minterwal Retween Official Navy Records Interval Between Official Navy Records Interval Between Official Navy Records Interval Between Interval Between Official Navy Records Interval Between Official Navy Recor	9	ŝ	W.	(Type or print)	Warre	n		vi		4. D.	ATE F EATH			Doy 5		
Male Winte Windows Divorced 2-13-32 26 yr. Male Winte Windows done of working life, even if relieved by Martine To the Control of Working life, even if relieved by Martine To the Control of Working life, even if relieved by Martine To the Control of Working life, even if relieved by Martine To the Control of Warren Henry Merrit To the Control of Warren Henry Merrit To the Control of the Control of Warren Henry Merrit To the Control of t	re	5	3	5. SEX		7. MARRI	IED X NEV	_	8. DATE OF BIRTH		9. AGE	(In years birthday)				
during most of working life, even if relired) U. S. Navy Georgia U. S. A. Martiner Andress I. MATTINER Andress Warren Henry MERRITT S. WAS DECEASED EVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO.]7. INFORMANT Yes Korean III. CAUSE OF DEATH [Enter only one course per line for (o). (b). and (c).] PART I. DEATH WAS CAUSED BY MANDEDING TO BE AND DEATH TIME diate DUE TO GOOD CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (c) IV WAS AUTOSY FERFORMED? YES DAO. ACCIDENT WAS UNDERFUNG IX. OCCOMPANISH CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (c) IV WAS AUTOSY FERFORMED? YES DAO. ACCIDENT WAS UNDERFUNG IX. OCCOMPANISH CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (c) IV WAS AUTOSY FERFORMED? YES DAO. ACCIDENT WAS UNDERFUNG IX. OCCOMPANISH CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (c) IV WAS AUTOSY FERFORMED? YES DAO. OCCOMPANISH CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. (c) IV WAS AUTOSY FERFORMED? YES DAO. OCCOMPANISH CONTRIBUTION CONTRIBUTION COURSED. (IF IT HER NOTIFY MEDICAL EXAMINER) While making routine training the product of injury in Port I or Port II of item 18.] OCCOMPANISH CONTRIBUTION CONTRIBUTION COURSED. OCCOMPANISH CONTRIBUTION CONTRIBUTION COURSED. OCCOMPANISH CONTRIBUTION CONTRIBUTION COURSED. OCCOMPANISH CO	g		>						2-13-32	2	26					
Warren Henry MERRITT 1. MOTHER'S MADE NAME MAD DECESSED FOR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES 18. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES 18. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES 18. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES 18. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES 18. SOCIAL SECURITY NO. 17. INFORMANT Address 18. WAS DECEASED EVER IN U. S. ARMED FORCES 18. WAS AUTOPSY	ar	(2)	Dime	during most of working	I (Give kind of work on g life, even if retired)						eign country)					COUNTRY?
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Social Security no. 17. INFORMANT Address Research (Fig. 50 per or dealed strength of the Control of the Cont	H	em	on						Anna Lu	cille	(unkno	own)				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] 19. PART II. DEATH WAS CAUSED BY. 19. PART II. DEATH WAS CAUSED BY. 19. CAUGHORN, if any, which gove rise to immediate DUE TO Conditions, if any, which gove rise to immediate DUE TO PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. OHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. DEATH WAS LINEBELLY AND THE WAS AUTOPSY PERFORMED? PART II. OHER SIGNIFICANT CAUSE OF DEATH INTERPOLATION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. DEATH WAS LINEBELLY AND THE PART II. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. DEATH WAS LINEBELLY AND THE PART II. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. DEATH WAS LINEBELLY AND THE PART II. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? PART II. DEATH WAS LINEBELLY AND THE PART II. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. TO THE TERMINAL DISEASE COND		H	X	15. WAS DECEASED EVER	IN U. S. ARMED FOR	HVICO]			INFORMANT			Addre	55			
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County C	Medi	mbia	and	32		DITIONS <u>C</u>	ONTRIBUTIN	IG TO DEATH BU	T NOT RELATED TO THE	E TERMINAL DI	ISEASE CONE	DITION GIVE	N IN PAR	150	PERFOR	MED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of two work of two of of tw	7)Lu		20g. ACCIDENT WAS	UNDERLYING X CAUSE OF DEATH											-7
21. I certify that I attended the deceased fram November 5, 19 58, to November 5, 19 58, that I last saw the deceased alive an November 5, 19 58, and that death accurred at 10:27AM, from the causes and an the date stated above. ADDRESS (Sireet, city or town, stole) DATE SIGNED ACTUAL SIGNATURE Physician's NAME IType) Paul G. LINAWEAVER, I.T., MC, USN U.S. Naval Gun Factory, Washington, D. C. 22d REMAINING (Specify) Buraal 23. Fyricked Defectory Signature ADDRESS PAGE OF CREMATORY 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	out.	ပိ	0													
21. I certify that I attended the deceased fram November 5, 19 58, to November 5, 19 58, that I last saw the deceased alive an November 5, 19 58, and that death accurred at 10:27Am, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME ITYPE) Paul G. I.TNAWEAVER, I.T. MC, USN U.S. Naval Gun Factory, Washington, D. C. PHYSICIAN'S NAME ITYPE) Paul G. I.TNAWEAVER, I.T. MC, USN U.S. Naval Gun Factory, Washington, D. C. 22 REMINISTRATION, 22b. DATE THEREOF REMOVAL (Specify) BUT 32 22c. NAME OF CEMETERY OR CREMATORY PITZGETAID, N. C. 23c. FUNCTOR BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ADDRESS 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			aut	9:15 xx6.		While	/ Not wh	ile fo	ctory, street, office bld	lg., etc.)		•			rge	
actual signature	o	ct		21. I certify tha	t I attended the	decease	d fram N	ovember	5 19 58 10	Novem	ber 5	19 58	that L	last say	v the	
ADDRESS (Street, city or town, stote) DATE SIGNED SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE	0	ri	4	alive an Nove	mber 5	_, 19_5			accurred at 10):27AM,	from the	causes ar	d an th	ne date	state	d above.
SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type) Paul G. LINAWEAVER, I.T. MC. USN U.S. Naval Gun Factory, Washington, D. C. PHYSICIAN'S NAME (Type) Paul G. LINAWEAVER, I.T. MC. USN U.S. Naval Gun Factory, Washington, D. C. 22d Remeasure (Mation, 22b. Date Thereof Removal (Specify) Burasi 23d. LOCATION (City, Iown, or county) (Stote) Pitzgerald, N. C Georgia 23. Flyster Description Signature Address 24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	86	St	2		,00		-17	Bos		ADDRE	SS (Street, cit	y or town, s	ote)			
NAME TYPE Paul G. LINAWEAVER, I.T., MC, USN U.S. Naval Gun Factory, Washington, D. C. 22d Burnas Calemation, 22b. Date Thereof Removal (Specify) Buraal 23. Function Signature ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	100	Ä		SIGNATURE 7.14	1. Frances	upper	SH >	ENMEUS:	M.D. Deep Se	a Divi	ng Sch	1001			11-	5-58
22d. Burnas Calmation, 22b. Date Thereof 22c. Name of Cemetery or Crematory Pitzgerald, N. C Ceorgia 23d. Location (City, Iown, or county) Fitzgerald, N. C Ceorgia 23. Fysical Discrete Discrete Signature Address 24o. Rec'd by Registrar 24b. Registrar's Signature	G		a	PHYSICIAN'S			0									
24a. REC'D BY REGISTRAR'S SIGNATURE	9	ne	38											ton	_D	C
24a. REC'D BY REGISTRAR'S SIGNATURE	in	RO	th	REMOVAL (Specify)			22c. NAME	OF CEMETERY C	OR CREMATORY	22d. L	OCATION (C	ity, town, or	county)	111	(Stote	
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al director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 N may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be described for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shall he registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12835 **CERTIFICATE OF DEATH**

Reg. Dist. No.12853

1. PLACE OF DEATH a. COUNTY		MARYLAND	o. STATE	NCE (Where decease	b. COUNTY	-	efore admission)
b. CITY OR TOWN (If or RURAL and give neare	itside corporate limits, writ	e c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo		OWARD	nearest town)
Laurel			aurel		13	V _ 2	
d. NAME OF HOSPITAL	(If not in hospital, give stra	eet address)	d. STREET ADD	ORFSS		A - 50	e. IS RESIDENCE
OR INSTITUTION	el General H				- D4 Da	- 517	ON A FARM?
2 NAME OF			0	lle Rd Str			1 1
3. NAME OF DECEASED (Type or print)	Fint Bertha	Middle	Merson	4. DATE OF DEATH	Mar	Novemb	Day Year er 7 1958
5. SEX 6.		ARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years		AR IF UNDER 24 HRS.
10 - wa 3 -		OWED DIVORCED	Feb. 7.	1007	lost birthday)	Months Day	s Hours Min.
Female 10a, USUAL OCCUPATION	37 1 7 23	06. KIND OF BUSINESS OR IND				12 CITIZEN	OF WHAT COUNTRY
during most of warking	life, even if refired)	4-12			,,		1150
13. FATHER'S NAME	ife	rame	14 MOTHER'S M	vland			UJA
13. TATTIER 3 HAME			14 MOTHERS M.	AIDEN NAME			
	hington Mer			Dustin			
15. WAS DECEASED EVER IN	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress	
No			Hospital 1	Records			
18. CAUSE OF DEATH	[Enter only one cause pe	r line far (a), (b), and (c).]					NTERVAL BETWEEN
	WAS CAUSED BY: MEDIATE CAUSE (a)	Eulmonar	ed in	Pan-	1	0	NSET AND DEATH
465 X	DUE TO				4		. A-1
Conditions, if any,		andia	0.0		1		4 month
gove rise to imm	ediote	maric	forces	u m			
cause (a), stating the	under- DUE TO	. 6	1 - 0		,		
lying cause last.) (c)_C(c	ssewwas	e esu	rusm	1		
PART II. OTHER 20g. ACCIDENT WAS U OR CONTRIBUTING If EITHER, NOTIFY ME	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO TH	HE TERMINAL DISEAS	E CONDITION GIV	/EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of in	njury in Part I ar Par	t II of item 18.)		
20c. TIME OF INJURY Hour a. m. p. m.	Wh		PLACE OF INJURY (Horoctory, street, office b	me, form, 20f. (City	or lawn)	(Count	y) (State)
p. m.	19 of v	work of work					
21. I certify that	I attended the dece	eased from October	17. 19.58	ta Novembe	r 7 . 1958	that I last	sow the decease
		2.58, and that deat					
0.11.0 0.1		Light programme deal	ii occorred orga-		treet, city or town.		DATE SIGNE
ACTUAL SIGNATURE	do Tie	randrei	_M.D				DAIL SIGNE
PHYSICIAN'S NAME (Type) Ido	lo Piernadre	ei. M.D. 305 Pr	ince George	e Street.	Maryland		
220. BURIAL, CREMATION, REMOVAL (Specify)		- 22c. NAME OF CEMETERY			MON (City, town,		(Stote)
23. FUSIERAL DIRECTOR'S SI	GNATURE	ADDRESS	1 %	40. REC'D BY REGIST		STRAR'S SIGNAT	
1		1	7	THUI I O O		and the	and the same of th

Carried Land		CERTIFICATE OF DEAT	
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FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwed at the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boo. Health, or its designated agent, prior to burial, cremation, or removal, and is any event within 72 hours after death.

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VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12920

	4000			Re	g. Dist. No. "
PLACE OF DEATH	rince George	S MARYLAND	O STATE	Where deceased lived. If institution: b. COUNTY	Residence before admission) Pr. Geo.
b. CITY OR TOWN (I and give nearest fown	f autside carparate limits, write RL		c. CITY OR TOWN (I	outside corporate limits, write RUR/	
d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitot, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	eland Memoria	al Hospital	1170	7 Ash Road	YES NO
3. NAME OF DECEASED (Type or print)	Uldine	Middle Evelyn	Meyer	4. DATE Month OF DEATH November	26 19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF U	NDER TYEAR IF UNDER 24 HES.
Female		IDOWED DIVORCED		1925 fost birthday) Mor	ths Days Hours Min.
during most of working Housewife	ON (Give kind of work doning life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (SHORE		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
Henry	Vincent O	liver	Cleo	Morrell	
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE (If yes, give wor or dates of serv	ica)	INFORMANT Iorman L. Mey	er; same address	as # 2.
Conditions, if o gove rise to immer (a), stating the couse fast.	underlying DUE TO	Automobile a	cull and legs		
3		IONS CONTRIBUTING TO DEATH BUT			PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO
20g. EXTERNAL CAU PRIMARY 25 or COI CAUSE OF DEATH.	JSE WAS NTRIBUTING []	perator of an aut			ther automobile
	Nov. 24, 1, 58	While Not while to to work of work	ACE OF INJURY (Home, formal control of the control	Muirkirk Pr.	(County) (Stote)
opinian death		f the remains described about the control of the co	T	y , Inspection , In Hamicide , Undetermin	
SIGNATURE_	ohn J. M	lorbonery	M.D. CHIEF MEDICAL E		DATE SIGNED
NAME (Type)	John T. Malor	ney, M.D.	DEPUTY MEDICAL	EXAMINER Novem	ber 26, 1958
220. BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or cou	nty) (Stole)
Burial	Nov 29, 195				n Carolina
23. FUNERAL DIRECTOR		ADDRESS Iyattsville, Maryl		D BY REGISTRAR 24b. REGISTRAR	S SIGNATURE

The month of the Istimate with the terminal CTB (20) TRUE CONTRACT STATES Ci. of the state of th and imposite the sections . District the traditional of the commence of being during the color of good Towns I 'I some work

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19837 CERTIFICATE OF DEATH

7.(1)14	(10) (10)
1. PLACE OF DEATH 6. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ourside corporate limits, write RURAL and give nearest town)
Cheverly 7 days d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince Georges General Hospital	6402 E. Street YES NOX
3. NAME OF DECEASED (Type or print) Josephine	Mills 4. DATE Month Day Year OF DEATH November 20 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. IF UNDER 24 HRS
Female White WIDOWED DIVORCED	MAR. 77 1898 (60 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife	Maryland United States
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
West and an analysis of the second se	INFORMANT RE V POORE 6 Judge Retefse Rd
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0)	to policies tomonto
1 /O X DUE TO) A A
Conditions, if ony, which gove rise to immediate (b)	my actasis.
couse (o), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \) NO \(\text{NO} \)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Nat while at wark of ot wark	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from	1957, to har 20, 1957, that I last saw the deceased
	h accurred at 5250 A.M., from the causes and an the date stated above
dive on the first of the first	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
SIGNATURE William Braum	M.D. Gel + + central Are 11/2 0/58
PHYSICIAN'S WM BRAININ	Capital Hate My
220. BURIAL, CREMATION, +22b. DATE THEREOF REPROVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS	11 St St Spare N 2 4 '58 Chilly 8. Known
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	CERTIFICATE OF DEATH		
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VS. AISME 5M 2/57

FOR STATE HEALTH DEPT M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12883

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21000	reg. Dis	1. 140.				
PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE District of Columbia	ce before admission)				
b. CITY OR TOWN It outside corporate limits, write EURAL and give receive (20 m) Transient	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Gardiner Road	d. STREET ADDRESS 424 3rd Street N. W.	e IS RESIDENC ON A FARM YES NO				
NAME OF DECEASED (Type or print) Robert Bruce Minnix	Lost 4. DATE Month OF DEATH November	^Y •• 58				
. SEX Male: 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	DATE OF BIRTH 1937 24 birthday) yrs. IF UNDER 1	YEAR IF UNDER 24 III				
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paborer Farm		EN OF WHAT COUNT				
3. FATHER'S NAME Clifton Minnix	14. MOTHER'S MAIDEN NAME Mary Gillespie					
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service)	NFORMAN Minnix (Mother) Salem, Va.					
S 2 3 × DUE TO	nd chest	1(o) 19, WAS AUTOPS PERFORMEDS YES NO				
CAUSE OF DEATH. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year Hour o. m. While Not while foct		ck fixed o				
EXAMINERYS NAME (Type) James I. Boyd 10. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 11/13/58 East Hill Cem	ASSISTANT MEDICAL EXAMINER NOVEMBER DEPUTY MEDICAL EXAMINER NOVEMBER CREMATORY 22d. LOCATION (City, fown, or county)	11, 1958 a. (Store)				
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville, Md.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN CATHUM S. Kra	NATURE				

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12838 Film G236, items 911113 6 14 CERTIFICATE OF DEATH

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Prince Georges Maryl and Prince Georges b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cheverly Seabrook d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO Prince Georges General Mosnital 91.31 DuBarry Street 3. NAME OF Middle Last 4. DATE Day Month Year DECEASED (Type or print) DEATH 19 58 Lehman November 26 Norman 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) 5. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours WIDOWED | DIVORCED T Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Production United States Engineer Plymouth. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Aquilla Norman Elizabeth Cobb 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wife Marie Address Same 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (o), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NOAT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a.m. While Not white at wark at wark 21. I certify that I attended the deceased from , 19,00, that I lost saw the deceased and that death occurred at 9:15 A.M., from the causes and on the date stated above. olive on November ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) de DATE THEREO 220. BURIAL CREMATION, 22b. 22c. NAME OF CEMEJERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV arthur & Krous

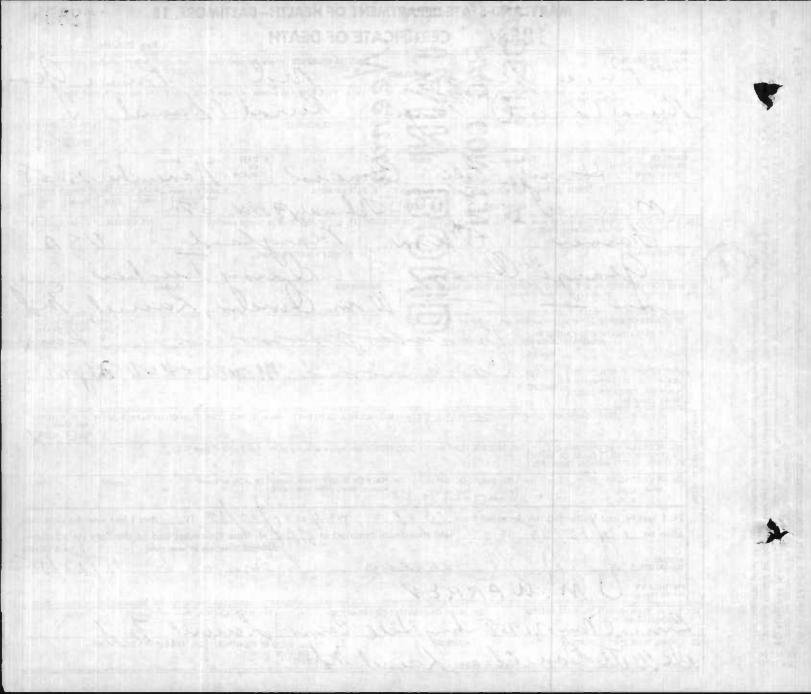
director, Page after 20 C cample papers. death. pup ban after physician certificate attending death 0 á signed certificate AL DIRECTO prior be 3 shauld O HOSPITAL the registrar FUNER/ 0 VS A15 (4) 15M 10/57

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19001

CEDTIFICATE OF DEATH

	F0047	CERTIFICATE OF	DEATH	Reg. Dist. No.
1.	o. COUNTY Prime gea	MARYLAND 2. USUAL RE		institution: Pendence before admission OUNTY
	b. CITY OR TOWN (If outside corporate limits, write of PORAL and give regrey town) d. NAME OF HOSPITAL (If not in hospital, give street addresor INSTITUTION)	16 Me X 1	R 109N (If outside corporate limits,	curel 6. IS RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print) Harry K	lee Organ	Lost 4. DATE OF DEATH	Month Day Year
	M WIDOWED	NEVER MARRIED B. DATE OF BI	ang 1900 5	NOOTS IF UNDER I YEAR IF LINDER 24 HRS
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired) FATHER'S NAME.	Parm /	hangland	12. CITIZEN OF WHAT COUNTRY
	glarge Un	L SECURITY NO. 17. INFORMANT	Carry /	ucher
†Y	WAS DECEASED EVER IN U. S. AFAED FORCES? 16. SOCIAL	- Wm	Owelw,	Laurel My
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 199, 2 Conditions, if ony, which gove rise to immediate couse (o), stating the under-	reinone	a Mouth	+ Kuch Xyy
ICATION	lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED	TO THETERMINAL DISEASE CONDITIE	ON GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
AL CERTIF	(IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter noture		18.)
MEDIC	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 While of work 1	Not while factory, street, off	((Home, form, 20f. (City or town) ice bldg., etc.)	(County) (State)
	21. I certify that l'attended the deceased fra alive an	Sarrenmo.	/ /	uses and an the date stated abave or town, stote) DATE SIGNED
	Sureal Nan 17,1958	NAME OF CEMETERY OR CREMATORY	22d. LOGATION (City,	il had
23.	Veluthan els.	ADDRESS A M	NOV 2 5 150	b. REGISTRAR'S SIGNATURE



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19005

CERTIFICATE OF DEATH

Reg. Dist. No.

3.60	000						Keg, Dist.	110.	
1. PLACE OF DEATH o. COUNTY Prince Ge	orges	MARYLA	1 0	STATE	D . C .	h COUNTY	n: Residence I		
b. CITY OR TOWN (If outside corpor RURAL and give nearest town) Internal ville	ote limits, write	c. LENGTH OF STAY IN	1 lb c	CITY OR TOWN (IF			RAL ond give	nearest town	1)
d NAME OF HOSPITAL (If not in ho or INSTITUTION Church Road	spital, give street o	oddress)	1	. STREET ADDRESS					FARM?
3. NAME OF DECEASED (Type or print) Hen	First	NICOL Modele	2	PAGE	4. DATE OF DEATH	Nort		300	Year 19 <i>5</i> 8
5. SEX 6. COLOR OF Male White		DIVORCED		ec. 13.	1896	P. AGE (In years lost birthdoy)	Months Do		Min.
10a. USUAL OCCUPATION (Give kind of	f work done 10b.						12. CITIZE	N OF WHAT	COUNTRY
during most of working life, even in Electrical Engi	ineer Na	aval Ord.I	ab.	Japan			U	. S.	Α.
13. FATHER'S NAME			14.	MOTHER'S MAIDEN					
Henry Deane Pag	ge			Sarah G	regg				
15. WAS DECEASED EVER IN U. S. ARN [Yes, no, or unknown) (If yes, give war or		SOCIAL SECURITY NO.	17. INFOR	Doroth	v Clai	Addre		chell	vill
Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last. PART II. OTHER SIGNIFICAL	AUSE (o) DUE TO (b) DUE TO (c)	CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERM	AINAL DISEASE	CONDITION GIVE		o) 19. WAS PERFO	un
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	CRIBE HOW INJURY OCC	CURRED. (Ent	er noture of injury in	Port I or Part	II of item 18.)			
20c. TIME OF INJURY Month, D Hour o. m. p. m.	While	NJURY OCCURRED 20 Not while t of work		F INJURY (Home, for treet, office bldg., et		or town)	(Cou	nly)	(Stote)
21. I certify that I attended alive an Law 28 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) R . B . S	ed the decease , 195	ed from \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	leath occ) / 1/2 4	ADDRESS (Str	the causes at eet, city or town, s	nd on the	date stat	decease ed above AJE SIGNE
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	22c. NAME OF CEMETE				ION (City, Iown, o		(Sto	e)
Burial 12/	1/58		nity	Epis.Cem	-	llingto		I.Id.	
23. FUNERAL DIRECTOR'S SIGNATURE	TT	ADDRESS	712		"D BY REGISTI		TRAR'S SIGN.		
Ritchia Bros.	Unnar	man nord.	110 -	DATEDI	CO H 'h)) UM	wall was a		

WARREST STATE DESARROR OF WHAT HE SHALL HOUSE NO SHALL HE WAS SHALL HOUSE NO. TAXABLE PRESIDENCE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far young in TO FUNERAL DIRECTOR: Dage 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of 1, th, are feelinged agent, prior to burial, cremation, or removal, and in put then 72 hours after death. M

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12839 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	2	8	6	()

									Keg, DI	ST. NO.	
1. PLACE OF DEATH o. COUNTY	Prince G	eorge	S MARY		O. STATE		here deceased land	lived. If insti b. COUN			
b. CITY OR TOWN (If outside corporate limits, wri	e EUFAL	c. LENGTH OF STAY I	IN 1b	c. CITY O	R TOWN (If	autside corpore	le limits, writ	e RURAL and	give ne	oresi tawn)
one give negress tow	Riverdal	е	23 hr	es .	15	Hyat	tsvill	e			
d. NAME OF HOSPI	TAL OR INSTITUTION	(If not in hos	pital, give street address	1)	d. STREET						e. IS RESIDENCE
Lela	nd Memori	al Ho	spiatl		1	3714	Jeffe	rson	Stree	et	YES NO
3. NAME OF DECEASED (Type or print)	Jennie		Vance	Patt	on	st	4. DATE OF DEATH	Noven		26	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRI	D NEVER MARRIED	AG .8	TE OF BIRT	Н	9.	AGE (In years		-	F UNDER 24 HRS.
Female	white	WIDOWE	DIVORCED	o F	ebru	ary 1	, '75'	osi bighday) 83 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATI during most of worki None	ON (Give kind of working life, even if retired)	done 10b.	(IND OF BUSINESS OR I	NDUSTRY	11. BIRTHP					ZEN OF	WHAT COUNTRY
13. FATHER'S NAME				14.	MOTHER'S	MAIDEN N	IAME				
Joh	n Vance					Sara	h Stor	ner			
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17. INPO	RMANT			Addres	16		
No	(ii yes, give war or egiet ar			Rut	h Br	adfor	d; san	ne add	dress	as	# 2.
Conditions, if agove rise to imma (o), stoting the couse lost.	diate couse	Cor	phyxia due ngestive h acture of	neart	fai	lure	due to			1	dden day
PART II. OT	HER SIGNIFICANT CON Senility	IDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMIN	NAL DISEASE CO	ONDITION G	IVEN IN PART		WAS AUTOPSY PERFORMED?
	USE WAS INTRIBUTING []	ob. DESCRIBI	How injury occurs	RED. (Enler	nature of i	njury in Port	I or Part II of i	tem 18.)			
20c. TIME OF INJU		While		foctory.	street, offic	(Home, farm, e bldg., etc.)		svil]	(Cou	nly)	(State) Geo. Md
21. 1 certify t	hot I took chorge	of the	remoins described	l obove,	held or	Autopsy	, Insp	ection 🏹	Inquir	y [X].	and in my
opinion deoth	resulted from:	Noturol o	couses . Accid	lent X,	Cuies	de [], H	AMINER], Undet	ermined n		DATE SIGNED
EXAMINER'S NAME (Type)	John T.	Malo	oney, M.D.	4	ASSIST		X EXAMINER		-26-58	3	
220. BURIAL CREMATION REMOVAL (Specify Burial	Nov 29,		22c. NAME OF CEMETE Beallsvill				22d. LOCATION Bealls			nsv	(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	+	ADDRESS			240. REC'D	BY REGISTRAR		ISTRAR'S SIG		
F Gasch'	s Sons I	lyatts	ville, Md.			DATEDE	2 '58	a	vinur S. 1	Frank.	
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THE RESERVE THE STREET STREET,

VS. A15ME 5M 2/57

12861

Reg. Dist. No

1.	PLACE OF DEATH o. COUNTY	Prince Ge	orges	MARYLAND	O STATE		here decease	b. COUNT	TV -	• Geo•	mission)
	and give nearest fown	outside corporate fimits, writ	RURAL C. U	Ly months	c. CITY (outside cor	porote limits, write	RURAL ond	give nearest	town)
	d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hospital,	give street address)	d. STREE	T ADDRESS				e. 15	RESIDENCE
	H _V attsvil]	le Convales	cent Home	•	34	23 39t	h Pla	ce			N A FARM?
3.	NAME OF DECEASED (Type or print)	Amelia.	st	Middle Pedone		ost	4. DATE OF DEATH	Novemb		Day	Yeor 19 5 8
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH		9. AGE (In years	IF UNDER 1		IDER 24 HRS.
	Female	white	WIDOWED A	DIVORCED [8-1	-78		last birthdoy) 80 yrs.	Months D	loys Hours	Min.
100	Housewil	ON (Give kind of work to life, even if retired)	done 10b. KIND (OF BUSINESS OR INDU	STRY 11. BIRTH	Pennsy			12. CITIZ	U.S.	A .
13	FATHER'S NAME			_	14. MOTHER	'S MAIDEN N	AME				
	John (Pe	edone) Oya	RhoLI	zer	100	Eliz	abeth	?			
15 (Ye	NO NO	ER IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. SOCIA	AL SECURITY NO. 17.	John F	edone;	4311	Lawrence		yland Colma	r Manor
ATION	Conditions, if a gove rise to immed (o), stating the cause lost.	diote couse		Acute cor Hypertens	sive car	diovas	cular	disease			S AUTOPSY FORMED? NO 10
IL CERTIFICATION	20g. EXTERNAL CAL PRIMARY gr COI CAUSE OF DEATH.	NTRIBUTING [V INJURY OCCURRED.							
MEDICAL	Hour a.m.	RY Month, Doy, Yes	While	Not while of work	ACE OF INJURY tory, street, offi	(Home, form, ice bldg., etc.)	20f. (City	y or town)	(Cour	nty)	(Stote)
,	ACTUAL SIGNATURE EXAMINERS NAME (Type)	resulted fram: John T. M.	Natural cause Natural Loney, M	Accident	M.D. CHIEF ASSIS' DEPUT		famicide AMINER AL EXAMINE EXAMINER	R D Nove	ermined m	DATE	Ind in my SIGNED
	BURIAL CREMATIC EMOVAL (Specify) FUNERAL DIRECTOR	1/2/1	1	ADDRESS HAND	Leen for	240. REC'D DATE NO	D BY REGIST		ISTRAR'S SIGN		0,46)

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Ange 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your.

TO FUNERAL DIRECTOR age 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of 1 with or its designated age 3 should be used as a temoval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12840 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	12	1840 N	MEDIC	AL EXAM	AINEK:	CEKTIFIC	AIL	Jr DE	AIH	Reg. I	Dist. No		
1. 1	PLACE OF DEATH	Prince (George	98	MARYLAND	o. STATE Mas	CE (Where de	eceased live	d. If institu	Y -	dence bel		ission}
t	cond give regrest faw Cheve	If outside corporate limits, in)	write RURAL	c. LENGTH OF		c. CITY OR TOV							wn)
C		tal or institution leorges Ger			oddress)	d. STREET ADDS						ON	ESIDENCE A FARM?
2	NAME OF	eorges de			1.0		R. Str					-	NO T
	DECEASED (Type or print)	Marga		Elizabe			4. DAT		Novem		L4 Doy		9 58
5. 5			CE 7. MA	RRIED A NEVER A	AARRIED B	DATE OF BIRTH		9. AGI	E In years				ER 24 HRS.
	Female	white			ORCED 🔲	Feb. 28,	1897	6	1 yrs.	Months	Days	Hours	Min.
10a	. USUAL OCCUPATI Juring most of worki Housewi	ON (Give kind of wo	ork done 10	b. KIND OF BUSINE	SS OR INDUST	RY 11. BIRTHPLACE	(Stole or fore	ign country)		12. CI		S.A.	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAN						D QAL	
	Charl	es M. Si	naw:			Alt	erta	Byer					
15.	WAS DECEASED E	VER IN U. S. ARMED		16. SOCIAL SECURI	TY NO. 17. M	NFORMANT			Address				
1100	No unknown)	(ii yes, give war ar dare	s ar service)		J	ohn Petrie	: same	addr	ess as	# 2			
CATION	Conditions, if gave rise to imme (a), stoting the couse fost. PART II. OT	diote couse	(b)(c)	Co	ronary	atheroscle	rosis	SEASE COND	DITION GIV	EN IN PA		9. WAS PERFO	AUTOPSY DRMED?
CERTIFIC	20a. EXTERNAL CA PRIMARY ar CC CAUSE OF DEATH	USE WAS DITRIBUTING	20b. DESC	RIBE HOW INJURY	OCCURRED. (E	nter noture of injury	in Part I or Pa	ert II of item	18.)				
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.		W	d. INJURY OCCURE	facto	CE OF INJURY (Home bry, street, office bldg	, form, 20f.	(City or tow	n)	(Ce	ounty)		(State)
		hat I taak char resulted from:		. promp		_					monne		d in my
	ACTUAL SIGNATURE EXAMINERS	ohns.	M	loney			REDICAL EXAM	AINER 🗌			Use	DATE	IIGNED
	NAME (Type) BURIAL, CREMATION REMOVAL (Specify Burial	John T. M		79 M.D.		CREMATO RY	1 .	CATION (C	ily, town, o		r 5	(Stot	.958
	FUNERAL DIRECTO		1900	ADDRESS	con na		REC'D BY RE	-	24b. REGIS		GNIATUS	ok .	-
		ch's Sons	Hva	ttsville	Md.		AV 1 0 '5			1 & M			

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for x filles.

TO FUNERAL DIRECTOR PAGE 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard Health, or its designated by prior to buriol, cremation, or removal, and in any event within 22 hours after death.

5M 2/57

VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12863 12841 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	_					

	-		Keg, Dist. 140.
	1. 7	PLACE OF GEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE 40 b. COUNTY
		MARYLAND MARYLAND	angand 1.50
Я	Ь	ond gray people town)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lown)
		controlly of all	X Chapel Oalso
9	d	I. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS OF A OF A ON A FARM?
	-	Junice Segges Sen. Hosp	570/ Walls Street YES NOT
	E	NAME OF DECEASED Middle	Lost 4. DATE Month Doy Year
	-	Type or print) Villiam James	2 Helly DEATH TLOV- 23 1958
	5. 5	6. COLOR OR RACE 7. MARRIED AFTER MARRIED B.	DATE OF BIRTH 9. AGE IIn years feel birthday) Months Days Hours Min.
	Y	Vall Coloud WIDOWED DIVORCED	45 yrs. Months Days Hours Min.
	10a.	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OF INDUSTING most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
4	1.	Sook brider dept of agran	1. Dust of Col. 459.
	13.	FATHER'S NAME	14 MOTHER'S MAIDEN HAME
		Sheddone Jelly	Malindy Jorelson
	15. Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? Jo. SOCIAL SECURITY NO. 17. IN. no. or without 1 (If yes, give wor or dotes of service)	FORMANT OF Address
		Vig	eller. 12thy- Washington DC
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Throughor -
Ī		400.1 DUE TO	
Ì		Conditions, if ony, which) (b) (Op) Les ME	sen las Rema O des ces
I		gove rise to immediate cause (a), stating the underlying DUE TO	
I		couse lost. (c)	
I	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ı	CATION	atherine place	YES X NO
I	CERTIFI	FRIMARI LI OF CONTRIBUTING ()	nter noture of injury in Port I or Port II of Item 18.)
I		CAUSE OF DEATH.	
ı	WEDICAL		E OF INJURY (Home, form, 20f. (City or town) (County) (State)
J	ME	Hour o. m. While Not while of work of work	
		21. I certify that I took charge of the remains described above	ve, held on Autopsy X Inspection X, Inquiry X and in my
ı		opinion deoth resulted from: Notural couses D. Accident	, Suicide , Homicide . Undetermined monner
ı		01	
I		SIGNATURE SOME Malaney	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
ł			ASSISTANT MEDICAL EXAMINER
1		NAME (Type) John). Alalonly, M.D.	DEPUTY MEDICAL EXAMINER B 11-23-58
	220.	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or county) (Stote)
1	-	Burial (Society) 11/26/58 Carver Memoria	Laurel, Maryland
1	23.	MARAL DIRECTOR'S SIGNATURE ADDRESS	24a, REC'D BY REGISTRAR 24b, REGISTRAR'S/SIGMATURE
X	1	Lus. Denash 30 H Street, N. E	DATE NOV 2 5 '58 Common 2: 74 August
1 5	Acres 100		

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE, 18		1286
2842	CERTIFICATE OF DEATH	•	1400

					Ke	g. DIST. NO).	
1, PLACE OF DEATH o. COUNTY	nce George	MARYLAND	2. USUAL RESIDENCE (WI	_ b	COUNTY		ore admissi	on)
	outside corporate timits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		ince Ge nits, write RURAL	The state of the latest st	earest town)
Cheverly		3 Days	XChapell Hil	1				
d. NAME OF HOSPITA	AL (If not in hospitot, give stree	et address)	d. STREET ADDRESS				e. IS RESI	FARM?
Prince Ge	orge General I	Mospital	9014 Old F	ort Rd.			YES 🗌	
3. NAME OF DECEASED (Type or print)	John First	Middle	lost	4. DATE OF DEATH	Month	22	,	reor 19 58
5. SEX		RRIED NEVER MARRIED		9. AGI	NOV.	INDER 1 YEAR	-	
Male	Colored WIDON	WED DIVORCED	Dec. 2, 18	382 lost 7		onths Doys	Hours	Min.
10a. USUAL OCCUPATIO during most of work	N (Give kind of work done 10)	b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	1	12. CITIZEN C	TAHW 1C	COUNTRY
Th. 1	ired		Was	hington	D.C.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
Unkr				herine l				
	R IN U. S. ARMED FORCES? If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	N		
No		None	Josephine S	horter	1227	Flori	da A	ve.
Conditions, if or gove rise to in couse (o), stoling the lying couse lost.	the under-	CONTRIBUTING TO DEATH BE	ula acci	vislent			SET AND	
PART II. OTH PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BO	THO RELATED TO THE TERM	INAL DISEASE CONI	THON GIVEN I	N PAKI I(0)	PERFOI YES	RMED?
	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of i	em 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Whil		PLACE OF INJURY (Home, form octory, street, office bldg., etc	20f. (City or tow	n)	(County)		(Stote)
ACTUAL SIGNATURE	at I attended the deced 22 19 22 19 24 19 26 19 27 19 28 19 28 19 29 19 20 19		, 19.5 8, to th occurred at 9:100 M.D. 18/6/6		causes and	on the do	ate state	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	N, 22b. DATE THEREOF 11-29-58	22c. NAME OF CEMETERY Mt. Olive		Washi			D. C	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS 3015	-12 of n = 240. REC	D BY REGISTRAR	24b. REGISTRAF		RE	HE

al director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours offer death. Page 4 VS A1S (4) 15M 10/S7

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death:	may be retained by the hospital or attending physician.	O FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the fuzer At	page 3 should be detalled for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should in	the resistror prior to
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X	TOY	3	Soc	he r
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-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	LAGUS CERTIFICATE OF DEATH
	Reg. Dist. No. 1. PLACE OF DEATH O. COUNTY PRINCE SEGRSE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE WARYLAND COUNTY REG. Dist. No.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) AVRIET OUT OF TOWN (If outside corporate limits, write RURAL and give nearest town) AVRIET OUR NIE
(d. NAME OF HOSPITAL (If not in hospital, give street oddress) OF INSTITUTION EL SANITARIUM 510 DELMAR AVE. S.A. YES NO
	3. NAME OF DECEASED (Type or print) ALIEE RENNIE 4. DATE Month Day Year OF DEATH NUT. 24 1958
	5. SEX PERMAZE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Hours Hours Hours Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: SCOTZAND UNDANNING 12. CITIZEN OF WHAT COUNTRY:
	13. FATHER'S NAME WILLIAM TELFER ISOMANOME ISOMANOME IN ALIONALIONALIONALIONALIONALIONALIONALION
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT_ (YOR, NO. OF UNKNOWN) If yes, give wor or dotes of service) MM/DUBLING HOSPITAL RECERBS FAUREL SANITARIUM
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) UE TO Conditions, if any, which gave rise to immediate cause (a), stoting the under- lying couse lost. [h] INTERVAL BETWEEN ONSET AND DEATH O
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONTRIBUTION O
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jn. Hour o. jn. 19 While at wark at
	21. I certify that I attended the deceased from 11/1/2, 19.50 to NIII, 24, 19.52, that I last saw the deceased alive on NIII, 24, 19.53, and that death accurred at \$15 p.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNATURE ACTUAL SIGNATURE M.D. FAURE F. Ani TARIUM 11-24-55
	PHYSICIAN'S ERIKA P. KRAEMER LAUREZ MARKLAMI)
	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) 1/28/50/18/19/19/19/19/19/19/19/19/19/19/19/19/19/
	23. FUNERAL DIRECTOR'S SIGNATURE STEPHEN BURNIE ME DATE 246. REC'D BY REGISTRAR'S SIGNATURE DATE
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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yellow or the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yellow or its designated control to buriol, cremation, or removal, and is any event within 72 hours after death.

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VS. A15ME \$M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12844 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. COUNTY
b. CITY OR TOWN (It outside corporate timits, for RURAL DENGTH OF STAY IN 16	marken Muelling
The gran nearest town)	c. CITY OR TOWN (If butside corporate limits, write RURAL and give nebrest town)
O. NAME OF PROSPITAL OR INSTITUTION (II not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
Prince Goorges Some O Harpetal	511-Consol Hell Long YES NO I
3. NAME OF DECEASED Middle	Lost 4. DATE Month Day Year
(Type or print) Cace	ichardson DEATH War 22 1958
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HIRS. Months Days Heurs Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	Sept 192/ 2/ yrs.
during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOSHER'S MAIDENVIAME
Carrell 7:00	Laise Mari
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19th, no. of unknown) 1 (If you, give wor or doles of service)	NFORMANT Address
no Gold	incent t'en
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GCITE CO	ugestine heart factors
442X DUE TO	
Conditions, if any, which gave rise to immediate cause	ascular fond discar
(o), stoting the underlying DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
No.	PERFORMED? YES NO
206. DESCRIBE HOW INJURY OCCURRED. (E PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE FORCE 19 of work of work 19 of work 19 of work 19	
Hour o. m. While Not while tock of work of work	ory, street, office bidg., etc.)
21. I certify that I took charge of the remains described abo	ve, held on Autopsy [], Inspection [], Inquiry [], and in my
opinian death resulted from: Natural couses . Accident	, Suicide , Homicide , Undetermined monner
ACTUAL)	DATE SIGNED
SIGNATURE Comen of Joyal	M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S LIAMES INDOVO	DEPUTY MEDICAL EXAMINER DE NOV 22 1958
220. BURIAL CREMANON. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY . 22d. LOCATION (City, lown, or county) (Stole)
BURIAH 11/25/58 Washing To	1 National Duitland Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 577 //19	240. REC'D BY REGISTRAR 24b. REGISTRARY SIGNATURE
M. W. CHAMBERS S.E., Was,	h. D.C. DATRIOV 2 6 '58 Challen J. Turne

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12845 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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D. CITY OR TOWN (If outside corporate limits, write RURAL ord give necest fown) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital. Prince Georges General H 3. NAME OF First	MARYLAND 0. S LENGTH OF STAY IN 16 3 weeks give street address) d. S	Maryland	orote limits, write RURAL and g	Geo.
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necess) town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital. Prince Georges General H	LENGTH OF STAY IN 16 C. C. C. S. Weeks give street address) d. S.	ITY OR TOWN (If outside corp	orole limits, write RURAL and g	
b. CITY OR TOWN (If outside corporate limits, write RURAL ord give neutral fown) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital. Prince Georges General H	3 weeks dive street address) d. S	ITY OR TOWN (If outside corp	orote limits, write RURAL and g	
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital. Prince Georges General H	give street address) d. S	West Hyatt		give nearest lown)
Prince Georges General H		11000 121000	SVILLA	
		TREET ADDRESS		e. IS RESIDEN
3. NAME OF First	ospital	2100 Charl	eston Place	YES NO
DECEASED	Middle	Lost 4. DATE OF	Month	Day Year
(Type or print) Elizabeth Phili		On DEATH	November	5. 19 51
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DATE O	F BIRTH	9. AGE (In years IF UNDER 1)	YEAR IF UNDER 24
Female White WIDOWED		-6-66	92 yrs. Months Do	oys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUSTRY 11. B	IRTHPLACE (Stole or foreign co	ountry) 12. CITIZE	EN OF WHAT COUN
Housewife	None	Ohio		U.S.A.
13. FATHER'S NAME	14. MO	THER'S MAIDEN NAME		osben.
Jacob Weber		Katheri	ne Nicholas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI.	AL SECURITY NO. 17. INFORMA		Address	
[Yes, no, er unknown] (If yes, give wor or dates of service)	none Hazel	Sperry: same	address as # 2	
18. CAUSE OF DEATH [Enter only one couse per line for (a		-pouldy bound	add obb ab # 2	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: MY	ocardial insuffi	ciency		ONSET AND DEATH
90117				
Conditions, if ony, which) (h) She	ock			
gove rise to immediate couse (b)				
(a), slating the underlying DUE TO	acture of right	Campo	THE SHADE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI			COMPLIANT CHICAL IN PART	
Senility	SOURCE TO BEATH SOFT HOT KEEK	LED TO THE TERMINATEDISENSE	CONDITION GIVEN IN PART I	PERFORMED
The Sylendal Capies Was long Descript Hol	At Include Occupants in			YES NO
200. EXTERNAL CAUSE WAS PRIMARY DOP CONTRIBUTING 20b. DESCRIBE HOW CAUSE OF DEATH.	W INJURY OCCURRED. (Enter noture in nursing home.	7)17 Carroll	Ave, Takoma Pa	ark Md.
Hoor 205. 10-13- 1958 of work	Y OCCURRED 20e. PLACE OF IN.	office bldg., etc.)	or town) (County	y) (Sta
		home Tak	oma Parke Bont	gomery, Mo
21. I certify that I taak charge af the remo				
opinian death resulted from: Notural cause	es 🔲, Accident 📆, S	uicide 🔲, Homicide	. Undetermined mo	onner 🗌
A .	1			
	11			
ACTUAL SIGNATURE JOHN D. MO	loner M.D.	HIEF MEDICAL EXAMINER		DATE SIGNEE
ACTUAL SIGNATURE JOHN D. MO	M.U.	HIEF MEDICAL EXAMINER SSISTANT MEDICAL EXAMINER	0	DATE SIGNE
ACTUAL SIGNATURE JOHN D. THE	A. A.			
ACTUAL SIGNATURE	A. A.	SSISTANT MEDICAL EXAMINER		DATE SIGNED 5, 1958 (Slate)
ACTUAL SIGNATURE PARTY OF THE PROPERTY OF THE	M.D. D.	SSISTANT MEDICAL EXAMINER EPUTY MEDICAL EXAMINER DRY 22d. LOCATI	November 5	5, 1958
ACTUAL SIGNATURE DAND . Maloney, EXAMINER'S NAME (Type) John T. Maloney, 220. BURIAL (Specify) TRANS. & BURIAL 11/6/58 GI	M.D.	SSISTANT MEDICAL EXAMINER EPUTY MEDICAL EXAMINER DRY 22d. LOCATI RY COLI	November 5 ON (City, town, or county) UMBUS, OHIO	5, 1958 (State)

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Clark Charleston Flace

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John D. Helomory E. .

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTORY After this certificate has been signed by the attending physician and campletely filled in by the fixed page 3 should be defected by the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shaula the registrar prior to all, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12846

CERTIFICATE OF DEATH

12863

	Keg.	DIST. NO.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	dence before admission)
Prince georges MARYLAND	o. STATE Md., COUNTY PAIN	ce george
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL on	d give negrest town)
Cheverly IYR	38 Cheverly	
d NAME OF HOSPITAL (If not in Vospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
2711 Crest are	2711 Crest are	ON A FARM? YES NO Z
3. NAME OF DECEASED (Type or print) WILLIAM ANDREW	Rogers 4. DATE Month OF DEATH NOV	Day Year 4 . 19.58
5. SEX 6. COLOR OR RACE 7. MARRIED 1 MEVER MARRIED		ER 1 YEAR IF UNDER 24 HRS.
MALC WITE WIDOWED DIVORCED	June 1 1896 La yrs Months	Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OF INDI		CITIZEN OF WHAT COUNTRY
during most of working life, even if refired) Salesman cloths	NebrASHA	A. CA
Salesman cloths	14. MOTHER'S MAIDEN NAME	·V. J. M.
William K Rogers	Mary M Nicol	
	osephine C Rogers Cheverly,	Md.
Yes WW1	sephine o hogers oneverly,	7 ACL •
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ConorA	my Throm bosis	ONSET AND DEATH
Han o Due to	1	
	LEROTIC HEART DISEASE	0
gave rise to immediate f	LEROTTE IJCART JACTAS E	7 YR5-
couse (a), stoting the under.		
lying couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY PERFORMED?
5		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while of work of work	LACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
Hour a.m. While Not while fo	actory, street, office bldg., etc.)	(Coomy) (Stole)
21. I certify that I attended the deceased fram. U 4 L y	, 1953, to Nou 4 , 195 That	I last saw the deceased
alive an 1700 3 1958, and that death	h accurred at $7 \stackrel{\omega}{=} AM$, from the causes and an	the date stated above
1 Die	ADDRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE MATTERS W LAND THEOR	40 3503 PERNYST	11/4/5
	.m.b.	
PHYSICIAN'S NORMAN DONAT (8	MEAU MTRAINIER MI	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C		(Stote)
Burian Nov 7, 1958 Arlington		(0.0.0)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE
F. Gasch's Sons Hyattsville, Md		S. Kraus
The state of the s	DATE NUV 1 0 30	Zi, / Ulawas

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A CALL CALLES OF THE CALL CALL CALL CALL CALL CALL CALL CAL		NL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the first dire	auld be do de for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shat,	8
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12847

CERTIFICATE OF DEATH

12870 Reg. Dist. No.

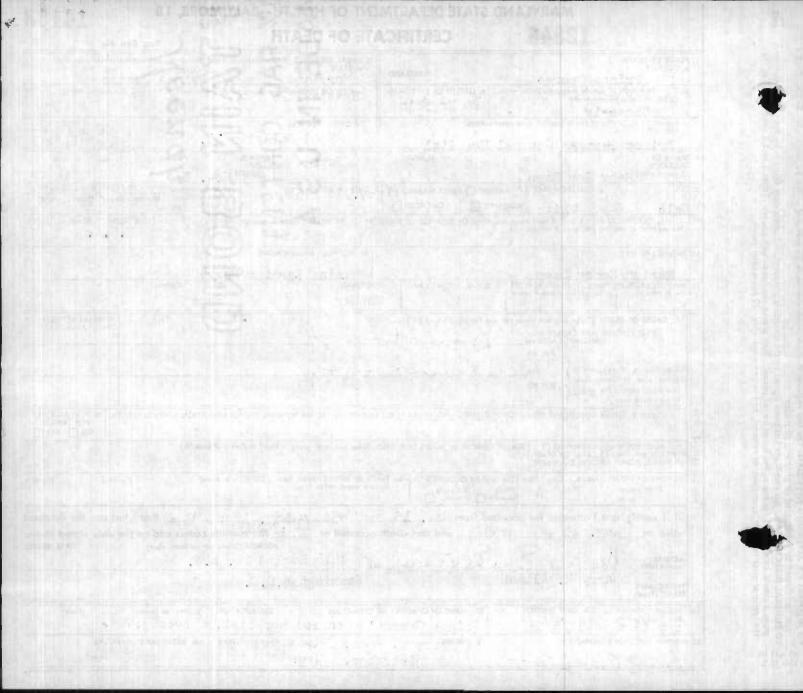
1. PLACE OF DEATH o. COUNTY Prince Georg	ge	MARYLAN	O STATE			b. COUNTY		befare admi	ssion)
b. CITY OR TOWN (If outside of RURAL and give nearest tawn Cheverly	corporate limits, write	c. LENGTH OF STAY IN I	1500	TOWN (If outs	side corporate li	mits, write R	URAL ond giv	re nearest to	vn)
d. NAME OF HOSPITAL (If not OR INSTITUTION Prince Georg			4512		ngton R	oad		ON	A FARM?
3. NAME OF DECEASED (Type or print)	first Charles	Middle		ost 4	DATE OF DEATH	Man		Day 2	Year 19 58
	OR OR RACE 7. MARS	RIED NEVER MARRIED DIVORCED		тн 27, 187	9. AC las	E (In years bythday) 84 yrs.	Manths D	YEAR IF UNI	DER 24 HRS.
10a. USUAL OCCUPATION (Give during most of working life Retired	kind of work dane 10b. ven if relired) ate Printe	KIND OF BUSINESS OR IN		Chicag		inois		EN OF WHA	T COUNTRY
13. FATHER'S NAME	Unkn		14. MOTHER	S MAIDEN NAM	Unknow:	n			-
15. WAS DECEASED EVER IN U. S. Yes, no. or unknown) (If yes, give) II.	war or dates of service)		Myrtle Do	odson	Hyat	tsvil]	le, Md	•	
PART I. DEATH [Enter PART I. DEATH WAS (IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.	DUE TO	it eees cler	Ja	et.	Direc	<u> </u>		INTERVAL E	DEATH
PART II. OTHER SIGNI 20a. ACCIDENT WAS UNDERLOOK OONTRIBUTING CAUSS URLE EITHER, NOTIFY MEDICAL	LYING DESCRIPTION 20b. DESCRIPTION	CONTRIBUTING TO DEATH E	u Cur.				EN IN PART 1	PERF	AUTOPSY ORMED?
20c. TIME OF INJURY Manth, Haur a. m. p. m.	While	NJURY OCCURRED 20e. Nat while at wark	PLACE OF INJURY factory, street, affic	(Hame, farm, e bldg., etc.)	20f. (City or tax	vn)	(Cou	unty)	(State)
21. I certify that I attend alive on Nov 1 ACTUAL SIGNATURE PHYSICIAN'S Dr. Aar	ron Deitz	ed from $y - 1$ 58,, ond that dec	M.D	6:35A)	M, from the ORESS (Street, c	couses o	nd on the	date stol	e deceosed led obove PATE SIGNES
22a. BURIAL, CREMATION, 22b. I REMOVAL (Specify) NOV		Pt Lincoln			d. LOCATION (, ,	(Sto	ite)
23. FUNERAL DIRECTOR'S SIGNATURE F. Gasch's		ADDRESS			Y REGISTRAR		TRAR'S SIGN	Mystus	

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Marie Same and Phila				

14153

Rea. Dist. No. 2. USNAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince George CTCLD OF IOWN (In outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? Y YES NO Day Yeor 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 17____, 19_58, that I last saw the deceased __, and that death accurred at____ M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 1475 Euclid St. N.W. ACTUAL Altman Harry E. Washington, D. C. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAY (Specify) Frince George's General Hospital, Cheverly, Md. cremation 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESSTRY W. Penn. Jr 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Criman S. Frank Administrator. DATE

DIRECT FUNERAL DIR page 0 VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 2d & 22b, Film Carrier OF DEATH

12871

7.8	17801			Reg. Dis	t. No.
0	H. PLACE OF DEATH O. COUNTY O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceded of STATE Pennsylvan	. h COUNTY	e before admission)
	b. CITY OR TOWN (If outside comprote limits, white c. LEN	GTH OF STAY IN 16	c. CITY OR TOWN (If outside co		ive negrest town)
9		weeks	Johnstown	7.5	$\times 3$
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	20t 203	d. STREET ADDRESS 352 Arthur	Street	e. IS RESIDENCE ON A FARM? YES NO
7		15.00			
10	OF DECEASED Maude First	Isie S	haffer of DEA	N /	21, 1958
4	5. SEX 6. COLOR OR RACE 7. MARRIED 7	VEVER MARRIED	8. DATE OF BIRTH		YEAR OF UNDER 24 HRS.
S	Domale White WIDOWED T	DIVORCED	Sept 8, 1887	V(1.)	Days Haurs Min.
N	100. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign	country) 12. CITI	ZEN OF WHAT COUNTRY
N	HOME MAKER AT	HOME	PENNSVIVAN	119 2	USA.
4	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
7	FRED HILL		SUSAN 7	RUAX	
J	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes no. or unknown) [If yes, give wer or dates of service]		NFORMANT	Address	C. ADT
9	None	150	DSAN SHAFFE	e ISCOKANI	AWNA STEES
K	18. CAUSE OF DEATH [Enter only one couse per line for (a)	, (b), and (c).]	1) .	HHYH	INTERVAL BETWEEN
3	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ou Oc	Junion.		ONSET AND DEATH
7	4201 DUE TO 0				
7	Conditions, if ony, which)	0	The Diago	10	
1	gove rise to immediate	antin	and South	Le .	
7	couse (o), stoting the under-	, y).	100 Ho	() and	
3	lying couse lost. (c)	erolize	a Chilling	accour	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	ITING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE.	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
1	3				YES NO
3	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture of injury in Port I or P	Part II of item 18.)	
4	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)				
-4	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O	CCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (C	ity or town)	ounty) (Stote)
7.1	Hour o.m. While No	t while too	tory, street, office bldg., etc.)	(0	ounity) (Sidie)
	р. м.	wark 🔲			
	21. I certify that I attended the deceased from	n-nov-11	, 1958, to Non	21 , 1958, that I le	ast saw the deceased
-7	alive on 2001 1958	, and that death	occurred at 430 MM. fro	om the causes and an th	
3	\bigcap	RA	ADDRESS	(Street, cily dr. Jown, stote)	DATE SIGNED
4	SIGNATURE CALLARY TO THE	10VI ANI	10211/	en thing	
Z	Sidney of the same	Service !	W.DValue	mary of	
7	PHYSICIAN'S Richard L. 1/h	e Itami	W S Gres St	My Russia	Would
7	22 R MANUAREMATION, 226. DATE THEREOF 226, No.	AME OF CEMETERY OF	CREMATORY	ATION (City, town, or county)	TE-OSTALX
	SEMOVAL (Specify) 11/21/58	Grand view	~		(State)
-	00 010 100 11 0100 000 010 0100 1100	-		hnstown, Pa	
	(KOHMENIA, U / SARM, LICE	N	ilver 240. REC'D BY REG	- 1 - 1 1	,
	Warner E. Pumphrey 18434	Ga. Ave	Spring of Dy 2 4'5	8 Cirthun S. 10	Latta

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the factor, page 3 should be dy the factor as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall filled within the registrar prior to Durial, cremation, or remayal, and in any event within 72-haurs after death. VS A15 (4) ISM 9/55

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VS A15 (4) 15M 10/57

ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12886

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTYPINCE George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
University Park, Md 24 years	X University Park, Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
4301 Clagett Road	4301 Clagett Road, YES NO IN
3. NAME OF First Middle DECEASED (Type or print) Charles L.	Lost 4. DATE Month Day Year OF November 13 1058-
	10.0.000
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH May 12, 1876 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired) Retired Farmer	Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob C Simmers	Rebecca Layman
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
no none Mi	rs. Oma R Sellers University Park, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arenia	ONSET AND DEATH
IMMEDIATE CAUSE (o) Menua	3 days
Conditions if any which \ P = + + 6/	istuction (Porting) I munich
gove rise to immediate	success (round)
couse (a), stating the under-	11 . 7 1 5 44-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	
	ED. (Enter nature of injury in Part I of Part II of item 18.)
	ALCO OF INTERVALL
Hour a. m. 19 at work of work of work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actary, street, office bldg., etc.)
21. I sertify that I attended the deceased from 60 - 8	
dive oil, igg, and that dear	h occurred ot 1:10 ("M, fram the couses ond on the date stated above
ACTUAL /12000 P 21	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL Waldo B. Moyers	M.D. 2303 Perry St /1-14-54
PHYSICIAN'S NAME [Type] Dr. Waldo R. Movers	Mt. Rainier Md
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	
Burial (Specify) Nov 16, 1958 Harrisonbur	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Ma	eryland. DATNOV 1 8'58 Orthur S. Knows

the property and the property of the property
The state of the s

director, filed with

requires that the death certificate be executed within 24 hours after death. Page 4

TO MOSTILAL ON A stranger of the stranger of t

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

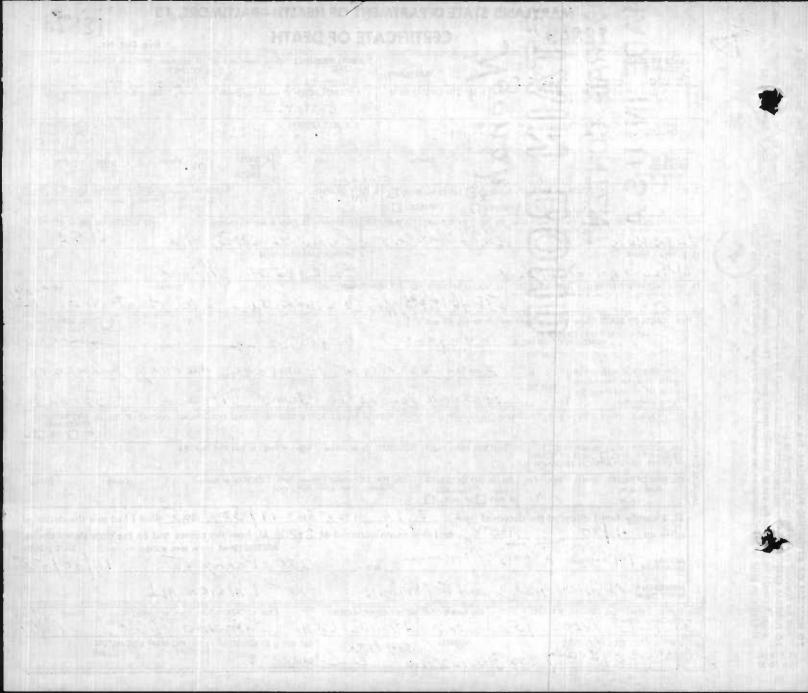
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

12873

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George MARYLAN	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	b c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol. give street address) OPPISHEE George General Hospital	d. STREET ADDRESS ON A FARM? 1 5352 Unincy Place 6. IS RESIDENCE ON A FARM? YES NO 20
3. NAME OF First Middle DECEASED (Type or print) Jesse	Simpson 4. DATE OF Nove Month 389 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	10st birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done of the doring most of working life, even if retired) HARMICIST - BUSINES 13. FATHER'S NAME	SS PRINCE GEORGES CO. Md. USA
WILLIAM SIMPSON	14. MOTHER'S MAIDEN NAME ELIZABETH MOORE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes no. or unknown] [If yes, give wor or dates of service] 578-46-64448	MRS DEROTHYE, GALL, 642-A-ST. N.E. DA
gave rise to immediate couse (a), stating the underlying cause last. DUE TO Antenio Sca	PUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING TO CAUSE OF DEATH	RRED. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a. m. 19 While of work of work	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.)
PHYSICIAN'S NORM AN DONAT COMPERCED BURIAL, CREMATION, 226. DATE THEREOF BROVAN'S POPULATION, DEC 3, 1958 WASH'N NAT.	IONAL CEM. SUITHAND PEGEOG /Nd
1 JANUAR ORECTORS SENATORE ADDRESS TOKAN	D.C. DATEDEC 2 158 246. REGISTRAR'S SIGNATURE



12874

	1281	14	CERTIF	HCAII	: OF DEA	AIH		Reg. D	Dist. No.		
1. PLACE OF DEATH o. COUNTY Pr	ince Geor	rge's	MARYL	AND 2.	usual RESIDENCE o. STATE Mary]	E (Where deced	b. COUN	utiani Reside	nce befo	Geor	ion) ge's
b. CITY OR TOWN (I RURAL and give no Hyattsvi	f outside carporate lime arest town) 11e. Md.		months	N 16			rporote limits, write	RURAL ond	give ned	arest fowr	1)
d. NAME OF HOSPIT	le Nursing	give street add		1	d. STREET ADDRE	ss 48th I	olace			o. IS RES	SIDENCE FARM? NO [3
3. NAME OF DECEASED (Type or print)	J.	rnar.	Middle	Sni	th	4. DATE OF DEA		lonth 20,	Do	,	Year 19
s. sex male	6. COLOR OR RACE white	7. MARRIED	NEVER MARRIES DIVORCED		ug 12,	1876	9. AGE (In year last birthday 82	Months		Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Reti	king life, even if retired	d)	D OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. C	S A		COUNTRY
13. FATHER'S NAME Hen	ry C Smith	1		14	MOTHER'S MAID		Roberts				
15. WAS DECEASED EVE (Yes, no or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dotes of	RCES? 16. SOC service) 715	18 6471	Virg	mant inia Mol	les (College	Park,	Mar	ylan	id.
Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	a Ce	rteci	nd	ret t	feic	Des	~		SET AND	
САПС	HER SIGNIFICANT CON							GIVEN IN PA	(RT 1(o) 1	PERFC	ORMED?
	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)		BE HOW INJURY OC								
20c. TIME OF INJUF Hour o. m. p. m.	RY Month, Day, Ye	While	Not while at work	20e. PLACE factory.	OF INJURY (Home, street, affice bldg	, form, 20f. (6 j., etc.)	City or tawn)		(County)		(Stale)
21. I certify the alive on		1951 DE		death oc	4	1.4.M. fr ADDRESS 314- /YAT	om the cause: (Street, city or tov	s and on vn. state) ATI	N M	ote state 57.	ed abave
REMOVAL (Specify Burial 23. FUNERAL DIRECTOR	Nov 22, 1	958	Ft Linco		metery		mar Man	hit.	d.		
Is.	Gasch's	ons H	lyattsyil	le, M		E NOV 2 A		Wilmy 2			

I director, filed with requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be applied for use as the burial-transit permit. Then please remays carbon papers. Pages 1 and 2 shalthe registrar prior to Furial, cremation, or removal, and in any event within 72 fours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12887

CERTIFICATE OF DEATH

Reg.	Dies	MI
Kea.	DIST.	NO.

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			neg. Dis	1. 110.
	1. 4	COUNTY Privee Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY b. COUNTY	e befare admission)
	1	CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	C. CITY OR, TOWN (If autside carporale limits, write RURAL and	ive nearest tawn)
	L	VASKINGTON 23 DC 22412	WAShINGTON 23 DC	
2	4	OF INSTITUTION OF IN ASSISTED GOVERNMENT OF WASHINGTON 23 DE	4644 Davis and SE DC	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle DECEASED Thornas HARRISON Straz	1 Q W JL 4. DATE Month OF DEATH NOV!	8 70 Year 1958
i	5. 9	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	101111111111111111111111111111111111111	
	10a	USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDIduring mast af warking life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
1	12	Taboren Dag jobs	Mew JERSEYUSA. U.	SIA
A	5	Thomas H. Straham	margaret Grax	
		no, or unknown) It's yes, give war or dates of service	INFORMANT Cto how 46 odgesto av	15 ane SE
ı			missing washing	INTERVAL BETWEEN
		PART I DEATH WAS CALISED BY.	nary Throm bosis	ONSET AND DEATH
		Conditions, if any, which) DUE TO General Art		unknown
		lying cause last.	1515	ZWEEKS
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ASTATE OF THE SCOTGES MARYLAND OSTATE ON NILL OUTSIDE CAPPORED LIMITS, WITEVER OF STAY IN 16 OF TOWN II OUTSIDE CAPPORED LIMITS, WITEVER OF STAY IN 18 OF TOWN II OUTSIDE CAPPORED LIMITS, WITEVER OF STAY IN 18 OF TOWN II OUTSIDE CAPPORED LIMITS, WITEVER OF STAY IN 18 OF TOWN II OUTSIDE CAPPORED LIMITS, WITEVER OF WASHINGTON OF STAY IN 18 OF TOWN II OUTSIDE CAPPORED LIMITS, WITEVER OF WASHINGTON OUTSIDE CAPPORED LIMITS, WITEVER OUTSIDE COURSE PER OUTSIDE COURSE PER OUTSIDE CAPPORED LIMITS, WITEVER OUTSIDE CAPPORED LIMITS, WITEVER OUTSIDE COURSE PER OUTSIDE CAPPORED LIMITS, WITEVER OUTSID	
	MEDICAL	Haur a.m. While while for	LACE OF INJURY (Home, farm, clary, street, office bldg., etc.) (City or town) (C	ounty) (Stole)
		21. I certify that I attended the deceased from Nov /	1958, to 120-5 8, 1958, that I l	ast saw the deceased
		alive on 100 7, 1957, and that deat	occurred at 2,30 M, from the causes and on th	
		ACTUAL SIGNATURE Soul C Van Watter	ADDRESS (Street, city or town, state)	E DATE SIGNED
		PHYSICIAN'S PAUL C VAN NATTA	Washington ZT D	C
-	220		OR CREMATORY - 22d. LOCATION (City, Lawrel concounty)	Jud-
	23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS	S AL DE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
1	11	1:W' hambles to our B/1/11	ST SZ DATE NOV 1 2 '58 Orthur 8	Kraves.

	THE STATE OF AVENUE	
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		the control of the co
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FOR STATE HEALTH DEPT

ago. es. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessor execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral directly 4 should be forward 4 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTLY Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours affected the

VS. A15ME 5M 2/57

1 Film MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12888 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12876 Item Rea. Dist. No.

DEPT.	1. PLACE OF DEATH	ENCE (Where deceased lived. If institution: Residence belore admission) Maryland b. COUNTPrince George's
M)	b. CITY OR TOWN [It outside corporate limits, write EURAL on give nearest town] Brandywine c. LENGTH OF STAY IN 1b c. CITY OR TO Dead on arrival X E	OWN (If outside corporate limits, write RURAL and give nearest town) Brandywine
00	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Dr. Dobsons Office d. STREET ADD 9 Mc	CKay Road on a farm? YES NO
0)	3. NAME OF DECEASED First Middle Lost (Type or print) Donald King Strong	4. DATE Month 28 19 58
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED March 2]	9. AGE (In years left UNDER LYEAR IF UNDER 24 HRS. lost birthdoy) yrs. Meaths 7 Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC	(E (State or tareign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A.
2	Offat 100 Howard of 102-6	ristine Kidd
1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yea, gives wor or doles of tervice) none Charles	Lewis Strong, same as # 2
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ASPhyxia	INTERVAL BETWEEN ONSET AND DEATH
V	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	n bed clothing
0		HE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		res and side of bed
16	20e. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hor later) 120. PLACE OF INJURY (Hor factory, street, office bit at work at work at work 10 me	me, form, 20f. (City or fown) (County) (Stole) dg., etc.) Brandywine P. G. Md.
	ACTUAL SIGNATURE M.D. CHIEF MED	Autopsy , Inspectionx y Inquiry , and in my , Homicide , Undetermined manner DATE SIGNED DATE SIGNED
2	EXAMINER'S James I. Boyd DEPUTY ME	ROVEMber 28, 1958
	F. Gasch's Sons Hyattsville Md.	Arlington Va Ac. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
9000	UVVXVV	DEC 2 58 C. Ily & Round

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				District And	
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director, iled with Filed 2 Pages puo corban ofter remove a by permit. Ony burial-transit certificate fter DIRECT should O FUNERAL D

death.

PLACE OF DEATH o. COUNTY Prince Georges Greenbelt or INSTITUTION
4-B-- Ridge Road 00

MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) year s d. NAME OF HOSPITAL (If not in hospital, give street address)

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

Greenbelt d. STREET ADDRESS 4--B--Ridge Road

Marvland

e. IS RESIDENCE ON A FARM? YES NO

Year

1958

NAME OF DECEASED First Middle (Type or print) LAWRENCE ELTJAH SULLIVAN S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO Male WIDOWED [White DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Factory

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF SIRTH last birthday) Months Days January 19th, 1906 12, CITIZEN OF WHAT COUNTRY?

DEATH

4. DATE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

November

Month

USA

26th

Rea. Dist. No

Prince Georges

Carpenter 13. FATHER'S NAME

Edgar Elijah Sullivan

14. MOTHER'S MAIDEN NAME Carrie Ann Beach

Falls Church, Va.

Address

Mrs.Rosella Sullivan, 4-B Ridge Rd. Greenbelt, Md. No None INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: erelized Courson IMMEDIATE CAUSE (a) 160 d. 1 DUE TO alleino ma Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED?

17. INFORMANT

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

577-01-4194

(County)

20c. TIME OF INJURY Day, Year Hour a. m.

20d. INJURY OCCURRED Not while at work at work

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.)

19 Jd that I last saw the deceased and that death accurred at 6:20A M, from the causes and an the date stated above.

ACTUAL

21. I certify that I attended the deceased fram.

ADDRESS (Street, city or town, state) Ridge Road. Greenbelt. Md.

11/26/58

YES NO

(State)

DATE SIGNED

PHYSICIAN'S Hans Wodak NAME (Type)

22b. DATE THEREOF 220. BURIAL, CREMATION, Nov.29th, 1958

George Washington Cemetery Riggs Rd. Txd. Hyattsville, ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

24a. REC'D BY REGISTRARA DATE

24b. REGISTRATE SAIGRATUREMA

22d. LOCATION (City Province only eor ges (SIGo. Md.

23. FUNERAL DIRECTOR'S SIGNATURE

W.W. Chambers Company, Riverdale, Md.

0 VS A1S (4) 15M 9/55

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	No-C Liday Ford	Most out the 2.1	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12878

	128	03	CERTIFICA	AIE OF DE	AIR	Rej	g. Dist. No.	
o. COUNTY PR	INCE G	CORGES	MARYLAND	2. USUAL RESIDEN	ICE (Where deceased	lived. If institution: Reb. COUNTY	esidence before ad	mission)
RURAL and give no	f outside corporate limearest town)		TH OF STAY IN 16	c. CITY OR TOV	VN (If outside corpora	ote limits, write RURAL	ond give nearest	lown)
d. NAME OF HOSPIT OR INSTITUTION CAISIRO	LL MAJ	give street oddress)		566-59	RESS	/	0	RESIDENCE N A FARM?
3, NAME OF DECEASED (Type or print)		ARD	Middle C.	5506 lost TANI	4. DATE OF DEATH	Nev	Doy 27	Year 1958
5. SEX	6. COLOR OR RACE	7. MARRIED N	DIVORCED [3-21-	'77	9. AGE (In years last birthday) yrs.	NDER I YEAR IF U	
Bloke 1 2 V	ON (Give kind of work king life, even if retired	done 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE	E (State or foreign con	- Holland	2. CITIZEN OF WI	HAT COUNTRY?
3. FATHER'S NAME	chard.	Tanis	"	MOTHER'S MA	NAME	Mantie		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOI (It yes, give war or dates of		ECURITY NO. 17.	SEPM 7	TANIS-6	Address 614-7492	HYATTEV	MEMI
	ATH [Enter only one country on	O CER	(b), and (c).]	L HEM	IORRITA	FGE	INTERVAL ONSET A	BETWEEN IND DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (EZIOSC	LEROS13	s, Gen	JERALIZ	ED 11	EAR
PART II. OTI	HER SIGNIFICANT CON	NDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEASE	CONDITION GIVEN IN	PE	AS AUTOPSY RFORMED?
UIF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter noture of in	jury in Port I or Port	11 of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	tY Month, Day, Ye		while fo	ACE OF INJURY (Han ctory, street, office blo	ne, farm, 20f. (City dg., etc.)	or town)	(County)	(Stote)
A	of I attended the	-61.		, 19 5 8, 19 accurred at 4	150 PM, fram	77., 198, the	at I last saw t	he deceased
ACTUAL SIGNATURE	anul	MA.	gar	M.D. 430	ADDRESS (SI	eet, city or town, state WOOD I	RIVE	DATE SIGNED
PHYSICIAN'S S.	AMUEL	1, N. S	UGAR	٨	MT. RA	INIER	No.	
220. BURIAL, CREMATIC REMOVAL (Specify)		1958	ME OF CEMETERY C	RCHEN	22d. LOCATI	ON (City town) or cou	inty) (Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADI BOTE	ORESS Harla Di	No. 12 24	DEC 1 5		S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the factor, page 3 should be 4 may be for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shault. filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

	CERTIFICATE OF DEATH	2.	
<u> </u>			
		2,1140	
	The to live to the milke to the		
			ALPHANIA (MARIA)
			The second second
		17.00	
	ADDITA		

FOR STATE HEALTH DEPT.

I director. for you deloy is ne funeral retained Poges n P.M3. pages 0 sed edi Chi. to the secute the certific shauld be forward FUNERAL DIREC 40

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12851 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY Prince Georges Pr. Geo. MARYLAND Maryland b. CITY OR TOWN III outside corporate limits, write BURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) and give negrest town) Riverdale D.O.A. Hwattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 5708 Leland Memorial Hospital Road Ager YES TO NO NAME OF DECEASED Middle DATE Month (Type or print) Adell 19 58 Taylor DEATH 10. Marv November 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 8-19-19 Female white WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? Housewife Aberta Province. Canada U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William D. Woodward Morehouse Amy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Woodward: 1314 Floral St. N.W. Wash., D. Hazel 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary hemorrhage IMMEDIATE CAUSE (e) 002X DUF TO Conditions, if any, which) Pulmonary tuberculosis gove rise to immediate cause DUE TO (a), stoting the underlying couse fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY Cirrhosis Chronic pancreatitis. PERFORMED? 144666338 YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) While Not while of work at work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, opinion death resulted from: Notural couses . Accident . Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type! November John T. Maloney M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Nov 13, 1958 Colmar Manor, Maryland. Fort Lincoln Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE . Gasch's Sons Hyattsville Maryland.

VS. A15ME 5M 2/57

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HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate writing the ward "pending" is pending in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farward 2 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your so From the State Board of S

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12889 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12880

								Reg. D	ist. No	э.	
1. PLACE OF DEATH o. COUNTY	Prince George		MARYL	- 11	o. STATE Mar	(Where decease	b. COUNT		ence be		ission)
b. CITY OR TOWN and give nearest to		URAL C. LI	ENGTH OF STAY IN	116	c. CITY OR TOWN		porote limits, write	RURAL on	d give n	eorest to	wn)
d. NAME OF HOS	Bowie PITAL OR INSTITUTION (IF a	not in hospital	nive street address)		A. STREET ADDRESS	Te				To 15 01	ESIDENCE
	5th Street		g		1 5.	Street	ե			ON	A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle		Lost	4. DATE OF DEATH	Montl	1	Day		eor
5. SEX	6. COLOR ON RACE 7	MARRIED T	NEVER MARRIED	t.h	Taylor ATE OF BIRTH	DEMIN	9. AGE the years	IF UNDER	15,	-	9 58 ER 24 HAS
Female		VIDOWED [DIVORCED		3=18-21	41/2	fast birthday) 37 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPA during most of wor Domes	TION (Give kind of work dorking life, even if retired)	ne 10b. KIND (OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stot		ountry)	12. CIT	U.S		COUNTRY
13. FATHER'S NAME				1.	MOTHER'S MAIDEN	NAME					
Lou	is Brown				Mar	v Wood	4				
	EVER IN U. S. ARMED FORCE (If yes, give west or dates of service)		AL SECURITY NO.	17. INFO			Address a	ıs # 2			
PART I. DE	underlying DUE TO	Her Sho	morrhage otgun wou	nd o	f head				ONSE	VAL BETWE	ATH
PART II, O	THER SIGNIFICANT CONDIT	TIONS CONTRIB	BUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEASI	ECONDITION GIV	EN IN PAR		PERFO	RMED?
20c. TIME OF INJ Hour 8 10 P. II 21. I certify opinian deat ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220 SURIFIC CREMAT	ONTRIBUTING H. H. Month, Day, Year 1958 that I taak charge a h resulted fram: Na Malor John T. Malor Malor 1216. DATE THEREOF	Gun sl 20d. INJURY While of work for the rema stural cause ney, M.I.	not wound r occurred 20e Not while of work ins described is , Accide	of PLACE factory. Ha above	, held an Autap Suicide, LD. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	sed by m, 201. (City sy , In Hamicide EXAMINER CAL EXAMINER CALEXAMINER CALEX	another or lown) ie Pr sspection X, Vindete	Inquir	y X	DATE S	
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Henry,	8 Washin	gren.	467 1	10	The DATE	DV 2 0 '58		Jours S.			

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EXAMINER: MEDICAL MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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PERFORMED? YES T

DATE SIGNED

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Hours

ON A FARM? YES NO

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

	3.2	844	CERTIFI	CATE	OF DEATH	1		Reg. Dis	it. No.		
o. COUNTY Prince	leorges		MARYLAN		SUAL RESIDENCE (WILL STATE HYATTSVILL		b. COUNTY				
b. CITY OR TOWN (I RURAL and give no Hyattsvil	f outside corporate limi crest town)	ts, write c.	3 years	16 /5	E. CITY OR TOWN (IF &		orate limits, write Ri	JRAL and g	give neares	t fown)	
OR INSTITUTION	AL (If not in hospitol, gookton La		ress)	11 '-	d. STREET ADDRESS 611 Stock		Lane			S RESIDEN ON A FARI ES NO	M?
3. NAME OF DECEASED	James Fin		Middle T	Town	nsend	4. DATE OF DEATH	Novem		Day 1	Yeor L958	
s. sex Male	White	WIDOWED		J A		871	9. AGE (In years lost birthday)		1 YEAR IF	UNDER 24	HRS.
Retir	ling_life, even if refired	done 10b. KIN	ID OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stole Maryland	40.00	country)		S.A.	WHAT COU	NTRY
	s Towense				MOTHER'S MAIDEN N						
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16. SOC		7. INFOR	MANT S H. Boss	661	1 Stock		Lane	Hyat	t
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Coron	or (o), (b), and (c).]	usio	n, Acute					AL BETWEE	
Conditions, if or gove rise to it couse (a), stating lying couse last.	mmediate DUE TO		riosclero lar Dise		Cardio			19	Yea	ar	
CATIC	IER SIGNIFICANT CON		ITRIBUTING TO DEATH		RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	EN IN PART	P	WAS AUTO PERFORMED S NO)3
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	BE HOW INJURY OCCU	JRRED. (En	ter noture of injury in	Port I or Po	rt II of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	While _	RY OCCURRED 20e Not while of work	foctory,	DF INJURY (Home, form street, office bldg., etc	, 20f. (Cit	y or town)	(C	ounty)	(S	itote)
actual signature			fram Janua:	oth ace		DEM, fro	m the causes a street, city or town,	nd an th	e date	stated a	bav
220. BURIAL, CREMATIO	obert R.		2c. NAME OF CEMETER	RY OR CRE	MATORY	22d. LOCA	TION (City, town, o		ov.	(State)	19:
Burial	Nov.		-		Cemetery		hington		3.	(31016)	

ADDRESS

Deal Funeral Home 4812 Ga. Ave. N.W.D.Coute HOV 2 4 '58

may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the fry page 3 should be defected for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld the registrar prior to buzial, crematian, ar remayal, and in now event within 77. may be retained by the TO FUNERAL DIRECTOR page 3 should be de TO HOSPITAL OR VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

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1. PLACE OF DEATH o. COUNTY

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	12885
12806 CERTIFICA	ATE OF DEATH Rep	g. Dist. No.
RE GEORGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE MARYLAND b. COUNTYRI.	esidence before admission) NCE GECRGES
ide corporate limits, write lown) 1 LLE, MD.	c. CITY OR TOWN (If outside corporate limits, write RURAL 15417- RUSSELL	ond give nearest town) HVE,
RROLL MANOR	d. STREET ADORÉSS HYATTSVILLE	e. IS RESIDENCE ON A FARM? YES NO
GEORGE L	TYLOR 4. DATE Month OF DEATH	Doy Yeor 1958
OLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 7-13-76 9. AGE (In yeors lift U) Mor	NDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
tive kind of work done 10b. KIND OF BUSINESS OR INDU- fe, even if retired) RESSER-GLERIC - NOEB Co		2. CITIZEN OF WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME	
RGF TYLOR	SABELLE BUCH	1 オ ハ ナ ハ ナ ハ ナ ハ ナ ハ ナ ハ ナ ハ ナ ハ ナ ハ ナ ハ
U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Sester M. Joan Therese	O. Borm.
Enter only one couse per line for (o), (b), and (c).] AS CAUSED BY: EDIATE CAUSE (o) We get tive Heave	+ failure	INTERVAL BETWEEN ONSET AND DEATH TO SEE THE SECOND

b. CITY OR TOWN IIf out RURAL and give nearest 417 d. NAME OF HOSPITAL (1 OR INSTITUTION NAME OF DECEASED (Type or print) S. SEX 6. 10a. USUAL OCCUPATION IC during most of warking VINDOW 13. FATHER'S NAME TEC 15. WAS DECEASED EVER IN (If yes 1B. CAUSE OF DEATH PART 1. DEATH V Myocardi his Senile arterio de Persis Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Antake YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Slote) foctory, street, office bldg., etc.) Hour a. m. While Not while p. m. at work of work 1958, that I last saw the deceased 21. I certify that I attended the deceased from alive on that death accurred at !! AM, from the causes and an the date stated above. ADQRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S RICHARD H. SPIRE 4601 -NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOÇATION (Cir. REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE C'D BY REGISTRAR DATE

VS A15 (4) 15M 10/57

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	CARTIFICATE OF DEATH
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VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
12890	CERTIFICATE OF DEATH	R

12886 Rea. Dist. No.

1. PLACE OF DEATH	ince Geor	rge's	MAR	YLAND 2	o. STATE Mar	Where deceased yland	lived. If institut b. COUNTY	Princ	e before adm	rge's
b. CITY OR TOWN (If RURAL ond give ne Palmer Pa	orest town)	its, write	c. LENGTH OF STAT	IN 16	c. CITY OR TOWN (If outside corporo			ive nearest to	wn)
d. NAME OF HOSPITA		give street (address)	1	d. STREET ADDRESS		rrill s		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Charle		Harvey	Watk	ins	4. DATE OF DEATH	No	VEMB	ER 19	Year 19 58
5. SEX Male	6. COLOR OR RACE white	7. MARR	DIVORCE	P7	ATE OF BIRTH /17/31	9	AGE (In years lost birthdoy)	Months	YEAR IF UN Days Hour	
10a. USUAL OCCUPATIO during most of work Press	ing life, even if refired) _	KIND OF BUSINESS O	OR INDUSTRY	Washing		_	U S		AT COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
	Charles	W Wa	tkins		Elsie M	Sherry				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17. INFO	RMANT		Add	dress		
yes				Aud	rey Watki	ns Palme	er Park	, Md.		
Conditions, if on gove rise to in cause (o), stating t lying couse lost. PART II. OTH 20a. ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY //	mediote ()	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TER	RMINAL DISEASE (CONDITION GI	VEN IN PART	PERF	S AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY C	CCURRED. (I	inter nature of injury	in Part I ar Part II	l of item 18.)			
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	20d. IN While of work	Not while of work	20e. PLACE factory	OF INJURY (Home, for, street, office bldg.,	orm, 20f. (City o	r lown)	(Co	ounty)	(State)
actual signature	Ulliant LIAM D. RO	8/2	osson h	death ac	, 19571a courred at 2	AMM, from ADDRESS (Stree November	et, city or town,	and an th	e date sta	ted abave
220. BURIAL, CREMATION REMOVAL (Specify) Burial		F	20c NAME OF CEM	ETERY OR CI	REMATORY	22d. LOCATIO	ON (City, town,	or county)	(\$1	ate)
23. FUNERAL DIRECTOR'S			ADDRESS attsville			NOV 2 4		irgin Istrar's SIG Inthur &	NATURE	

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VS A1S (4) 15M 9/SS

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Rea. Dist. No.

2200	Neg. 5777. 110.
PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town) HYATTSVILLE 6 months	WASHINGTON X DXG. SILVER SPRING 15562
d. NAME OF HOSPITAL (If not in haspital, give street address)	A CERCET ADDRESS
CARROLL MANOR	3. SIKET ADDRESS 1608 East West Hgwy ON A FARM?
3. NAME OF First Middle	Lost , 4. DATE Month Day Year
(Type or print)	Watt DEATH NOV. 3 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, lost birthday) Months Doys Hours Min.
TEMALE WILL WIDOWED DIVORCED	Sep1.19.18/2 86 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	WASHINGTON, D.C. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMÉ
WILLIAM BOARMAN	AMANDA TRAKUNS DEAKINS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yet no. or unknown) (If yet, give war or doles of service)	INFORMANT M Smill Address Sch. Sp. mid.
NO	magesoce 11. Mille 1608 East-Wat Agray.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancinomo	
155.1 DUE TO 150 to	TITE motastases 24ears
Conditions, if ony, which) (b)	
gove rise to immediate couse (o), stoting the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Part II of item 18.)
	PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State)
Haur o. m. P. m. 19 While Not while of work of work	octory, street, office bldg., etc.)
21. I certify that I attended the deceased from. 30	19125/10_1/-3, 1958, that I last saw the deceased
alive on 195, and that death	h accurred at #15 DAM, fram the causes and an the date stated above.
ACTUAL ROOT LINE TO	ADDRESS (Street, city ontown, stote) DATE SIGNED
SIGNATURE / M. / Clay Jr.	M.D. 4701. Mass. 1700. NW 11-328
PHYSICIAN'S NAME (Type)	wash. 16 DC.
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GEMELERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burel 11-6-58 arington na	itinal tem arling lon, Va.
23. FUNERAL DIRECTOR'S SIGNATURE , ADDRESS COLLIE	1. DLG . 240. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNATURE
Trances Collers 3821-14Th St. My	W. DATENOV 5 '58 arthur & House

TOTO OF DEATH	
	NATIONAL PROPERTY.
Liveran Court (September 1991) and the Addition of the Court of the	
	Laboratory of Marin State
and the second second	STATE OF STREET OF

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12854

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince George	MARYLANG	o. STATE	DENCE (When		I. If institution to the country CO GO		e before o	odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 11	1 11		side corporate li			ive neares	1 town)
d. NAME OF HOSPITAL (If not in hospital, give street of NAME OF HOSPITAL (If not in h		d. STREET A	ege Pa		1			S RESIDENCE ON A FARM? ES NO 📆
3. NAME OF First	Middle	Los		4. DATE	Mon	th	Day	Yeor
(Type or print) Eugene	Joseph	We	ber	OF DEATH	Morre	mber	25	19 58
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRT	Н	9. AC	E (In years		YEAR IF	UNDER 24 HRS.
Mae White WIDOWE	D DIVORCED	3-3-0	3	los	birthdoy)	Months	Days H	ours Min.
10c. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (Stole or	foreign country)		12. CITI	ZEN OF V	VHAT COUNTRY?
	val Gun Fac	tory Mic	higan				TT	S. A.
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NA	ME			0	U. A.
Eugene Edward Weber		Mary	Crim	min				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17				Add	ress	-	
(Yes no. or unknown) (If yes, give wor or dote of service) Yes 1920 to 1925	The second secon	Hazel M.	Weber	Wife	5020	Col	lege ec St	Park, Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH B) THE TERMIN,	AL DISEASE CON	IDITION GIV	'EN IN PART	1(0) 19. V	NAS AUTOPSY ERFORMED?
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While	IJURY OCCURRED 20e. Not while of work	PLACE OF INJURY (foctory, street, office	Home, farm,			(C	ounty)	(Stote)
21. I certify that I attended the decease alive an 11-25-58 , 19 ACTUAL SIGNATURE 21015 FC.	and from 19 s	m.D. July	8.15P	M, fram the DORESS (Street, c	causes a lity or town,	and an th	ast saw e date :	the deceased stated abave. DATE SIGNED
NAME (Type) Ur. Rongld S. FI			7	rsvill				/ / / ٧
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Nov 29, 1958	Mt Olivet		2	Washing				(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		240. REC'D	BY REGISTRAR		TRAR'S SIG	NATURE	
F. Gasch's Sons Hya	attsville, M	ld.		¥2 8 '58		Lattern &		4

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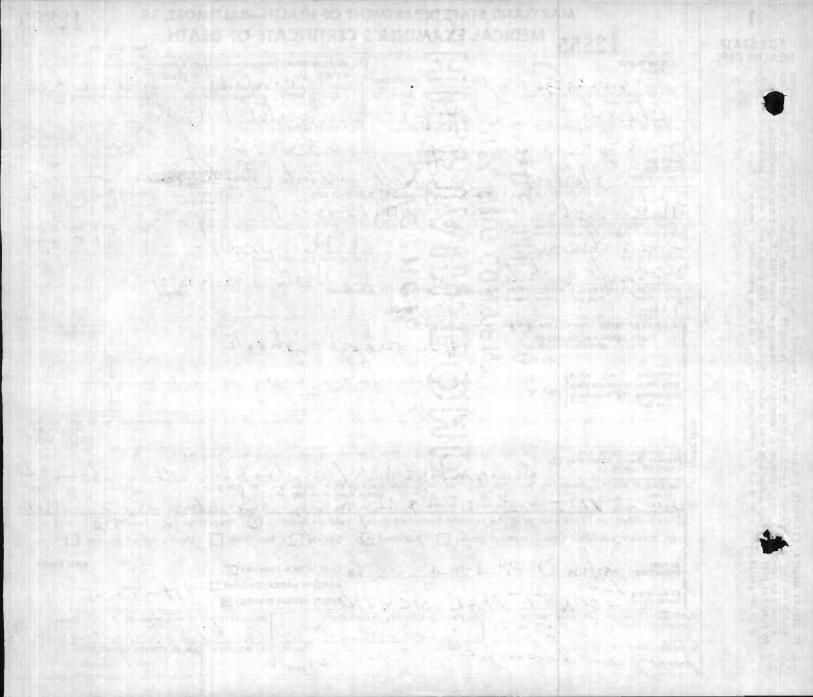
VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 19955

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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		2,2000	Ney, D	131. 140.
	7 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside	ence before admission)
		o. COUNTY /	o. STATE WAS b. COUNTY	- /
		MARYLAND MARYLAND	The second second	nue
	t	CITY OF TOWN (If outside gorpo and limits, write RUPAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If guyide corporate limits, write RVRAL and	give nearest (5)(n)
		and give inforest fown)	13/ 10 1 1 1	
	-	Chevery 200	36 Capital Hagina	
0	1	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
7	1	Committee Com Ib- 0	1 6277 1200000110	YES NO NO
	-	The series son assis	1 0 3 3 00 0 0 100 0 000	THE LANGE
		NAME OF Middle / Middle / Middle	Lost / 4. DATE / Month	Day Year
		Type or print)	White DEATHNOVEMBER	7 1958
	5. S	sy A Golds day January		
	J. 3	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In year) IF UNDER	
	1	MIDOWED DIVORCED	12-15-27 3/2 yrs. Months	Days Hours Min.
	100	USUAL OCCUPATION (Give kind of work done 10h KIND OF RUSINESS OF INDUST		ZEN OF WHAT COUNTRY?
	9	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST uring most of working life, even if retired)	911	1 4 0
		Jude driver	1 Vanuland -	USG
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		NAL. 11/1. T	A	
		Joans Wine	Mara mekney	
	15.		NFORMANT Add(ess)	
1	IA4i	(Sour unknown) Ill yes, give war or dates of service)		
1		100 311.701103		
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
		IMMEDIATE CAUSE (0)	age to provid	
		8/6X DUE TO	18/11/	
V		Conditions, if any, which) (b) Knight and	Lest Visano	
		gave rise to immediate cause		
		(a), stating the underlying DUE TO	1 de la companya della companya della companya de la companya della companya dell	
		couse lost. (c) Caramel E	MUDA!	
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(o) 19. WAS AUTOPSY
2	E			PERFORMED?
-	CERTIFICATION			YES NO
		200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Post I or Part II of item 18.)	, - ,
	8	CAUSE OF DEATH.	linker to 11 andt.	1- 1/3
		THE ST INVEST AND SON YOUR TOWNS OF STREET	140 car some eyamether a	Moment
,	Š		CE OF INJURY (Home, form, i 20f. (City of town) ory, street, affice bldg., etc.)	unty) (Stote)
0	MEDICAL	Hour o. m. While Not while total		C. S- grad
	-	7	grunay Somewar- 11.	30-101
		21. I certify that I took charge of the remains described abo	we, held on Autopsy \ Inspection \ Inquir	y , ond in my
		opinion death resulted from: Notural causes , Accident	Suicide . Homicide . Undetermined	monner
		ACTUAL DON STORY		DATE SIGNED
2		SIGNATURE SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER	
gr.			ASSISTANT MEDICAL EXAMINER	2
		EXAMINER'S JOHN T- MALDINEY	MDDEPUTY MEDICAL EXAMINER M	38
	00			
	776	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d LOCATION (City, Jown, or county)	(Stoje)
		11-12-58 11, derley (Emeting Coulsal Clive.	Land over 14
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	244. REC'D BY REGISTRAR 246. REGISTRAR'S SIC	NATURE
	1	ency s. Washington 469 Na	Me NOV 1 3 '58 arthur S.	1.1
1			DATE NOV 1 3 '58 arthur S.	I VVANAL.



VS A15 (4) 15M 9/55 12891 CERTIFICATE OF DEATH

Rea. Dist. No.

	Reg. DI	57, 140.
1. PLACE OF DEATH PRINCE GRORGE'S COUNTY O. COUNTY TO LAST SINGLE STATE OF THE STAT	2. USUAL RESIDENCE (Where deceased lived. If institution, Residen	ce before admission)
DISTRICT OF COMMIN	WASHINGTON D.C.	
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neorest town)
ANTREWS ATR FORCE BASE D. O. A.	4432 E St. SE	47x-3
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
44/37/E/ST//S/E/ HOSPITAL	WASHINGTON D.C.	YES NO I
3. NAME OF DECEASED (Type or print) A EON DRAS	HITELOW 4. DATE Month OF DEATH NOV	29 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS.
MEGROID WIDOWED DIVORCED	17 SEPT 58 lost birthdoy) Months	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
	ANDREWS AFB. WASH 25. D.C.	и. 5.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ALONZO WHITELOW	GLORIA HELEN CABITT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
Mo	ALONZO WHITEZOW-FATH	1EVZ
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Dehyaration		ONSET AND DEATH
571.0 DUE TO	1_	
Conditions, if ony, which) (b) Dostantini		2003days
gove rise to immediate		
lying couse lost.		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY
T\		PERFORMED?
200 ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)	I III NOL
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. Lend victors of many in 700 to 5 to	
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town)	County) (Stole)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL 4	ctory, street, office bldg., etc.)	
21. I certify that I attended the deceased from 29 N	1958, to D, O, A, 19 that I	last saw the deceased
olive an ID O A A 1/19 A , and that death	occurred at 1130 AM, fram the causes and on t	
	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE SIGNATURE	M.D. USAF Hospital Andrews	29 Nov 58
	m.v.	
PHYSICIAN'S ARTHUR J. DEIKMAN	Andrews AF Base, Washington	25, D. C.
220. BURIAL, CREMATION, 226. DATE THEREOF 225, MAME OF CEMETERY C	R CREMATORY 22d LOCATION (City, town, or county)	(State)
REMOVAL (Specify) 12/4/58 (Weinston)	National assente	usinia)
23. POWERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE
Johnson & Healing 4804 &	he leve DATE DEC 5'58 arthur &	
Fred. DG. 2050202XV5		
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			designation (C)	September 1992
BH vo. 1 Australia	C. James Like			
• • • •				200 P10081
		at los		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL OR

		166	392 CERTI	ICAIL OI	חאוו			Reg. Dist. N	0.	
1	1. PLACE OF DEATH a. COUNTY Prin	ce Georges	MARYL	AND O. STATE	esidence (Who		lived. If instituti b. COUNTY	on: Residence be	fore admiss	ion)
	B. CITY OR TOWN RURAL ond give r	If outside corporate limi earest town)	ts, write c. LENGTH OF STAY I		R TOWN (IF or		ote limits, write R	URAL ond give n	earest town	1)
5	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street oddress)	/d. STREET	ADDRESS					FARM?
	3. NAME OF DECEASED (Type or print)	Clara A	st Middle delaide Willett		Last	4. DATE OF DEATH	Nov.		-	Yeor 19
	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	- 01		9	O. AGE (In years lost birthday) 85 yrs.	Months Days		R 24 HRS. Min.
	housewif	king life, even if retired	done 10b. KIND OF BUSINESS OF self	Ma	ryland		untry)	12. CITIZEN	OF WHAT	COUNTRY
		n A. Murry			arah Ha					
	15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		17. INFORMANT		1799	Add	Plains.		
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO any, which immediate DUE TO	Cerebra	Thro. O arte	inter arter	ais		IIN	TERVAL BE NSET AND	TWEEN DEATH
	20a. ACCIDENT W	HER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS PERFO	RMED?
	20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	or 20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJUR foctory, street, of	Y IHome, farm, fice bldg., etc.	20f. (City o	or town)	(Count	1)	(Stote)
	21. I certify to alive on	And John P. De		deoth occurred of	ot 5:40	PM, from	the couses of the couses of the couses of the couses of the course of the couse of	nd on the d	ate state	
	220. BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 226. DATE THERECO		ERY OR CREMATORY		22d. LOCATION	ON (City, town, o	or county)	(Stote	•)
	23. FUNERAL DIRECTO	TO CLOSE STATE OF	ADDRESS	0	249. REC'D	***************************************	111			

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12892 12893 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE ed b. COUNTY G-EORGE MARYLAND INCE b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town ELGHTS SPALDING. d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 60 YES NO K NAME OF First Middle 4. DATE Year DECEASED EORGE DEATH (Type ar print) OVEMBER 3 19 58 S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Days WIDOWED [DIVORCED [popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired); BLOW ER. 11.5.17. IN DOW WHASS ITTSBURG carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) 163X DUE TO ony Conditions, if any, which gave rise to immediate per DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 af item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour a. m. foctory, street, office bldg., etc.) While Not while at wark at work p. m. 21. I certify that I attended the deceased from That I last saw the deceased alive on and that death accurred at ... M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) TO FUNER BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) HEAVEN TON 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12857 CERTIFICATE OF DEATH

12894

Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Gen. Hosp. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) iverdale d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? George Gen. Hosp Queensbur YES NO 7 Frince NAME OF 4. DATE OF DEATH Year DECEASED MILLIRONS HAZELE (Type or print) 195 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months WIDOWED TAY DIVORCED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) A+ Home Housewite 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 4306 Queens buch Rd Riverdale ma 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (6) gave rise to immediate **DUE TO** catse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Haur a. m. factory, street, affice bldg., etc.) Not while While at work at wark 21. I certify that I attended the deceased fram. 19.5 Athat I last saw the deceased I and that death occurred at 125 PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Washington National 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CHAMBERS CO. DMAY 1 2 '58

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PATARO RO	JANGE CERTIFICATE	5
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MARYLAND STATE DEPARTMENT OF HEALTH—BALT	IMORE, 18
12858 MEDICAL EXAMINER'S CERTIFICATE OF D	DEATH Reg. Dist. No.
1. PLACE OF DEATH . a. COUNTY AND STATE NAME AND COUNTY OF THE PROPERTY OF TH	fived. If Institution, Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b	ote limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL ORINSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 3128-634	ON A FARM? VEST NOT
3. NAME OF DECEASED (Type or print) Plannard Middle Lost OF DEATH	Note 15 Day Year 1958
	AGE (In years lost bighday) Months Days Hours Min.
100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17, BIRTHPLACE (State or foreign cound for the property of the	
13. FATHER'S NAME Solvard Young 14. MOTHER'S MAIDEN NAME &	log Naugh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? To SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) [If yes, girm passer or dates of service]	Address along
718. CAUSE OF DEATH [Enter only one cause per line for (a) (b), gnd (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN CINSET AND DEATH
IMMEDIATE CAUSE (a) LEAST OF THE CAUSE (a) LEAST OF THE CAUSE (a) LEAST OF THE CAUSE (b) LEAST OF THE CAUSE (c) LEAST OF	Circuit
Conditions, if any, which gove rise to immediate couse (a), stoting the underlying couse lost.	last
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma\) NO \(\sigma\)
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form, form, form, p. m. 19 While Not while of work	fown) (County) (Stote)
	pection , Inquiry , and find that etermined cause .
ACTUAL ON A DOLLAR MEDICAL EXAMINER OF	DATE SIGNED
ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DE	11-15-58
	N (City, town, or county) (State)
VS. A15ME(5) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE RECIDENCE REGISTRAR	24b. REGISTRAR'S SIGNATURE
SM 9/55 Ine DATE	